



**Welcome Reception Accompanying Person
Order Form**

Deadline: Friday, April 05, 2019 09:00 GMT

Date: _____

Name: _____

Institution: _____

E-mail: _____

Accompanying person

Unit Cost	Quantity
30 EUR	
GRAND TOTAL	

By signing this form, I commit to paying _____ EUR in cash upon registration at the meeting.

Signature:

To place an order for participating to the dinner:

- 1) Please fill out, scan and return the signed form by email to: snr2019@astro.noa.gr
- 2) You will receive a confirmation email once we have received the order form successfully.