

ESSOP ANNUAL MEETING 2002  
25-28 September 2002, Spetses Island, Greece

**APPLICATION FORM**

*(Please type or use capital letters)*

<b>Name:</b>	
<b>Surname:</b>	
<b>Title/Position:</b>	
<b>Home address:</b> Street:	
Postal Code:	
City:	
Country:	
<b>Home telephone:</b>	
<b>Institution:</b>	
<b>Institution address:</b> Street:	
Postal Code:	
City:	
Country:	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>E-mail:</b>	

**Accompanying persons:**

Name:	Surname:
Name:	Surname:

**Payment:**

Participation fee must be paid by bank transfer to **NATIONAL BANK OF GREECE, account number: 106/768561-06** (F/O Dr Tsitoura Stella, *PLEASE SPECIFY: ESSOP 2002 MEETING*)

Please send the Application form by fax (++30-107484233) or priority mail (to Congress President) **enclosing a copy of the bank transfer for the participation fee.**

**No credit card payment.**