

INTERNATIONAL ASSOCIATION OF GREEK PHILOSOPHY
5 SIMONIDOU STREET, 17456 ALIMOS, ATHENS - GREECE
TEL: +30210 9956955, +30210 7277545, 302107277502
Website: <http://www.hri.org/iagp/>, <http://www.iagp.gr>, E-mail: Secretariat@iagp.gr

29th INTERNATIONAL CONFERENCE OF PHILOSOPHY
PARTICIPATION FORM No. 1

(To be submitted by **15/05/2017** or earlier)

FIRST (GIVEN) NAME (Mr., Mrs., Ms.):

MIDDLE OR OTHER NAMES:

SURNAME (OR FAMILY NAME):

TITLE (Prof., Dr., MPhil., MA, BA,
Student):

POSITION OR OCCUPATION:

**INSTITUTION (TEACHING OR
RESEARCH):**

NATIONALITY:

PASSPORT NUMBER:

ADDRESS -WORK:

ADDRESS -HOME:

TELEPHONE -WORK:

TELEPHONE -HOME:

MOBILE:

FAX -WORK:

FAX -HOME:

E-MAIL -WORK:

E-MAIL -HOME:

I WOULD LIKE TO PARTICIPATE IN THE 29th INTERNATIONAL CONFERENCE OF PHILOSOPHY AS : (please indicate with "X")

SPEAKER

ACCOMPANYING PERSON

PERSON ATTENDING THE CONFERENCE WITHOUT A PAPER

UNDERGRADUATE STUDENT

POSTGRADUATE STUDENT

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

TITLE OF PAPER:

.....
.....
.....

DATE:

SIGNATURE:

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29th INTERNATIONAL CONFERENCE OF PHILOSOPHY
PARTICIPATION FORM No. 1A – for Invited Speakers
(To be submitted by **15/05/2017** or earlier)

FIRST (GIVEN) NAME (Mr., Mrs., Ms.):

MIDDLE OR OTHER NAMES:

SURNAME (OR FAMILY NAME):

TITLE (Prof., Dr., MPhil., MA, BA,
Student):

POSITION OR OCCUPATION:

**INSTITUTION (TEACHING OR
RESEARCH):**

NATIONALITY:

PASSPORT NUMBER:

ADDRESS -WORK:

ADDRESS -HOME:

TELEPHONE -WORK:

TELEPHONE-HOME:

MOBILE:

FAX -WORK:

FAX -HOME:

E-MAI -WORK:

E-MAIL-HOME:

I WOULD LIKE TO PARTICIPATE IN THE 29th INTERNATIONAL CONFERENCE OF PHILOSOPHY AS INVITED SPEAKER

TITLE OF PAPER:

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.....

DATE:

SIGNATURE:

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29th INTERNATIONAL CONFERENCE OF PHILOSOPHY
PARTICIPATION FORM No. 2

(To be submitted by **15/05/2017** or earlier)

FIRST (GIVEN) NAME (Mr., Mrs., Ms.):

MIDDLE OR OTHER NAMES:

SURNAME (OR FAMILY NAME):

I am sending the Abstract of my Paper

Title of the paper:.....

DATE:

SIGNATURE:

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29th INTERNATIONAL CONFERENCE OF PHILOSOPHY
PARTICIPATION FORM No. 3
(To be submitted by **15/05/2017** or earlier)

FIRST (GIVEN) NAME (Mr., Mrs., Ms.):

SURNAME (OR FAMILY NAME):

E-MAIL :

I have already submitted PARTICIPATION FORMS No 1, No 2 and the Abstract of my Paper.

1. I am sending a [non refundable] deposit as payment for participation in the Conference:

a. Before 15 May 2017: 100.00 euros. b After 15 of May 2017: 120.00 euros

2. I am sending a [non refundable] deposit for participation as accompanying or attending person:

a. Before 15 May 2017 80.00 euros. b. After 15 of May 2017: 100.00 euros

3. I am sending a a [non refundable] deposit for participation as a student or post-graduate student:

a. Before 15 May 2017 50.00 euros. b. After 15 of May 2017: 70.00 euros

4. . I am sending a [non refundable] deposit for participation as a secondary school student:

a. Before 15 May 2017: 50.00 euros. b. After 15 of May 2017: 60.00 euros.

I. Participants may also pay the equivalent amount in dollars. Orders in euros or in dollars

should be on the name of K. Boudouris and drawn correspondingly on a European Bank or a US Bank.

II. Participants who remit their payment through Bank account **should send a copy of their receipt**

(by e-mail as PDF) together with the present form completed to the Conference Secretariat.

a. Bank orders should be made payable to:K. Boudouris, 29th ICOP- 5 Simonidou Str., 174 56 Alimos, GREECE

b. Bank account payments for any kind of fees should be made to the following bank account data:

{National Bank of Greece, BANK-BRANCH: 151/296917-69. IBAN ACCOUNT: GR 0901101510000015129601769, Swift Code (BIC): ETHNGRAA }.

c. Concerning Conference fees please also note that the transfer of fees is much easier if you (or your Institution) arrange a bank transfer (**through Internet banking**) directly to our account. We know that through Internet banking the bank charges are very limited.

All Bank charges for remittance must be paid by the participant.

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29th INTERNATIONAL CONFERENCE OF PHILOSOPHY

FORM No. 4

(To be submitted by 30th April 2017 or earlier)

FIRST (GIVEN) NAME (Mr., Mrs., Ms.):

SURNAME (OR FAMILY NAME):

TITLE (Prof., Dr.):

ADDRESS -HOME:

TELEPHONE :

MOBILE:

E-MAIL :

a. I list below the names of scholars working in the field that I think would be interested in receiving the First Circular and in attending the Conference or presenting a paper:

b. I wish to propose the following persons for the *Honorary Academic Committee* of the 29th INTERNATIONAL CONFERENCE OF PHILOSOPHY:

FIRST (GIVEN) NAME (Mr., Mrs., Ms.):

SURNAME (OR FAMILY NAME):

TITLE (Prof., Dr.):

ADDRESS -HOME:

TELEPHONE :

MOBILE:

E-MAIL :

FIRST (GIVEN) NAME (Mr., Mrs., Ms.):

SURNAME (OR FAMILY NAME):

TITLE (Prof., Dr.):

ADDRESS -HOME:

TELEPHONE :

MOBILE:

E-MAIL :

FIRST (GIVEN) NAME (Mr., Mrs., Ms.):

SURNAME (OR FAMILY NAME):

TITLE (Prof., Dr.):

ADDRESS -HOME:

TELEPHONE :

MOBILE:

E-MAIL :

DATE: **SIGNATURE:**

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29th INTERNATIONAL CONFERENCE OF PHILOSOPHY

FORM No. 5 BOOK EXHIBITION

FIRST (GIVEN) NAME (Mr., Mrs., Ms.):

SURNAME (OR FAMILY NAME):

TITLE (Prof., Dr.):

ADDRESS -HOME:

E-MAIL :

I am sending these books of mine in order that they may be displayed and sold at the **BOOK EXHIBITION** during the course of the **29th International Conference of Philosophy**

AUTHOR:

BOOK TITLE:

NUMBER OF COPIES:

PRICE IN EURO OR DOLLAR:

DISCOUNT:

AUTHOR:

BOOK TITLE:

NUMBER OF COPIES:

PRICE IN EURO OR DOLLAR:

DISCOUNT:

(Books should be brought by the author himself and given to the Secretary of the IAGP at Conference venue).

DATE:

SIGNATURE:

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29th INTERNATIONAL CONFERENCE OF PHILOSOPHY

FORM No. 6 TRAVEL FORM

FIRST (GIVEN) NAME (Mr., Mrs., Ms.):

SURNAME (OR FAMILY NAME):

TITLE (Prof., Dr., etc):

E-MAIL :

Please find bellow details of my trip to Rhodes

a. date of arrival :

b. flight number :

c. time of arrival:

a. date of departure:

b. flight number:

c. time of departure:

DATE:

SIGNATURE:

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29th INTERNATIONAL CONFERENCE OF PHILOSOPHY

GREEK MORAL AND POLITICAL PHILOSOPHY

ACCOMMODATION FORM No. 7: MEDITERRANEAN HOTEL

FIRST (GIVEN) NAME (Mr., Mrs., Ms.):

SURNAME (OR FAMILY NAME):

TITLE (Prof., Dr.,etc):

E-MAIL :

I wish to book a single or double room accommodation:

Please circle the number of the nights you wish to stay:

4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15

1 .Payments for accommodation (booking etc) should be made by the participants directly to the Hotel.(Tel.+3022410-97000, info@mediterranean.gr).

Participants should arrange their own accommodation and are kindly requested to send their Hotel Accommodation to the Secretariat of the Conference (Secretariat@iagp.gr).

2. The prices for the Conference participants at **the Mediterranean Hotel** are as follows:

- a. Single room (B+B): garden view (95 euros), sea-side view (100 euros), full sea view (150 euros)
- b. Double room (B+B): garden view (120 euros), sea-side view (130 euros), full sea view (150euros)
- c. Cost of a lunch or dinner meal: 13.00 euros per person.

*** Conference participants arriving at Diagoras, Rhodes International Airport can get to the Hotel Mediterranean either by taxi or by bus. The nearest bus stop to Mediterranean Hotel is "Mandraki" (the Mandraki stop is 8-10 minutes walking distance from the Mediterranean Hotel).

Reference to Google map: 35-37 Kos Street, 85100 Rhodes-Greece

DATE: SIGNATURE: