

INTERNATIONAL ASSOCIATION OF GREEK PHILOSOPHY
5 SIMONIDOU STREET, 17456 ALIMOS, ATHENS - GREECE
TEL: +30210 9956955, +30210 7277545, +30210 7277548, FAX: +30210 9923281
Website: <http://www.hri.org/iagp/>, <http://www.iagp.gr>, E-mail: Secretariat@iagp.gr

27th INTERNATIONAL CONFERENCE OF PHILOSOPHY
PARTICIPATION FORM No. 1
(To be submitted by 28th February 2015 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 27th 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:

INTERNATIONAL ASSOCIATION OF GREEK PHILOSOPHY
5 SIMONIDOU STREET, 17456 ALIMOS, ATHENS - GREECE
TEL: +30210 9956955, +30210 7277545, +30210 7277548, FAX: +30210 9923281
Website: <http://www.hri.org/iagp/>, <http://www.iagp.gr> E-mail: Secretariat@iagp.gr

27th INTERNATIONAL CONFERENCE OF PHILOSOPHY
PARTICIPATION FORM No. 1A – for Invited Speakers
(To be submitted by 28th February 2015 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 27th INTERNATIONAL CONFERENCE OF PHILOSOPHY AS INVITED SPEAKER

TITLE OF PAPER:
.....
.....
.....

DATE:

SIGNATURE:

INTERNATIONAL ASSOCIATION OF GREEK PHILOSOPHY
5 SIMONIDOU STREET, 17456 ALIMOS, ATHENS - GREECE
TEL: +30210 9956955, +30210 7277545, +30210 7277548, FAX: +30210 9923281
Website: <http://www.hri.org/iagp/>, <http://www.iagp.gr>, E-mail: Secretariat@iagp.gr

27th INTERNATIONAL CONFERENCE OF PHILOSOPHY
PARTICIPATION FORM No. 2
(To be submitted by 28th February 2015 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:

INTERNATIONAL ASSOCIATION OF GREEK PHILOSOPHY
5 SIMONIDOU STREET, 17456 ALIMOS, ATHENS - GREECE
TEL: +30210 9956955, +30210 7277545, +30210 7277548, FAX: +30210 9923281
Website: <http://www.hri.org/iagp/>, <http://www.iagp.gr> E-mail: Secretariat@iagp.gr

27th INTERNATIONAL CONFERENCE OF PHILOSOPHY
PARTICIPATION FORM No. 3
(To be submitted by 30th of April 2015 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 enclose a [non refundable] deposit as payment for participation in the Conference:

a. Before 1st April 2015: 100.00 euros. b After 1st of April 2015: 120.00 euros

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

a. Before 1st April 2015 80.00 euros. b. After 1st of April 2015 : 100.00 euros

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

a. Before 1st of April 2015: 50.00 euros. b. After 1st of April 2015: 70.00 euros

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

a. Before 1st April 2015: 50.00 euros. b. After 1st of April 2015: 60.00 euros.

I. Participants may also pay the equivalent amount in dollars. Cheques or 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 Fax or by e-mail as PDF) together with the present form completed to the Conference Secretariat.

a. Orders and cheques should be made payable to: K. Boudouris, 27th 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 for any kind 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.

INTERNATIONAL ASSOCIATION OF GREEK PHILOSOPHY
5 SIMONIDOU STREET, 17456 ALIMOS, ATHENS - GREECE
TEL: +30210 9956955, +30210 7277545, +30210 7277548, FAX: +30210 9923281
Website: <http://www.hri.org/iagp/>, <http://www.iagp.gr> E-mail: Secretariat@iagp.gr
27th INTERNATIONAL CONFERENCE OF PHILOSOPHY

FORM No. 4

(To be submitted by 30th January 2015 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 27th 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:**

INTERNATIONAL ASSOCIATION FOR GREEK PHILOSOPHY
5, SIMONIDOU STR., 174 56 ALIMOS- GREECE
TEL: +30210 9956955, +30210 7277545, +30210 7277548, FAX: +30210 9923281, +30210 7248979
website: <http://www.hri.org/iagp/>, <http://www.iagp.gr> E-mail: secretariat@iagp.gr

27th 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 **27th 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:

INTERNATIONAL ASSOCIATION FOR GREEK PHILOSOPHY
5, SIMONIDOU STR., 174 56 ALIMOS- GREECE
TEL: +30210 9956955, +30210 7277545, +30210 7277548, FAX: +30210 9923281, +30210 7248979
website: <http://www.hri.org/iagp/>, <http://www.iagp.gr> E-mail: secretariat@iagp.gr

27th 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 Athens:

a. date of arrival :

b. flight number :

c. time of arrival:

a. date of departure:

b. flight number:

c. time of departure:

*** Conference participants arriving at Athens International Airport “Elefterios Venizelos” can get to Amarilia Hotel {Vouliagmeni-Cavouri area} either by taxi (the distance is 19 kilometers) or by bus {Bus Number: X96- from “Elefterios Venizelos” to Piraeus}.The X96 bus departs from the arrival level {exits 4 and 5}. The nearest stop to Amarilia Hotel is called “Pigadakia” (the distance from Pigadakia to Hotel Amarilia is 800 meters, that is approximately 7-10 minutes walk).

Reference to google maps:13 Saint Nicolas Street, 16671 Vouliagmeni-Athens Greece

DATE: **SIGNATURE:**

INTERNATIONAL ASSOCIATION FOR GREEK PHILOSOPHY
5, SIMONIDOU STR., 174 56 ALIMOS- GREECE

TEL: +30210 9956955, +30210 7277545, +30210 7277548, FAX: +30210 9923281, +30210 7248979

website: <http://www.hri.org/iagp/>, <http://www.iagp.gr> E-mail: secretariat@iagp.gr

27th INTERNATIONAL CONFERENCE OF PHILOSOPHY
ACCOMMODATION FORM No. 7 - AMARILIA HOTEL

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

SURNAME (OR FAMILY NAME):

TITLE (Prof., Dr.,etc):

E-MAIL :

I have submitted application forms No. 1, 2 & 3 and paid the conference fee to the Organising Committee. I paid the amount of 200 Euros net for accommodation deposit.

I wish to book a (1, 2, 3 beds) room
with (full sea view or side-sea view or pool view) at Amarilia Hotel

Please mark with X the nights of stay :

7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19,

1. a. Payments for accommodation can be made by cheque or bank order in Euros. Cheques or 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. So, orders and cheques should be made payable to: 27th ICOP-K. Boudouris, 5 Simonidou Str.,174 56 Alimos, GREECE.

b. Bank account payments for accommodation deposit should be made to the following account number { National Bank of Greece, BANK-BRANCH: 151/296917-69. IBAN ACCOUNT: GR 0901101510000015129601769, Swift Code (BIC): ETHNGRAA }.

c. **Concerning Bank payment please also note that the transfer for any kind 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.**

d. The accommodation form and the bank extract for the deposit can be sent to the Secretariat of the Conference by post or fax (+30 2109923281) or by e-mail: secretariat@iagp.gr as PDF format.

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

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

a. Single room (B+B): Standard pool view (70 euros), Standard sea-side view (78 euros), superior full sea view (98 euros)

b. Double room (B+B): Standard pool view (80 euros), Standard sea-side view (88 euros), superior full sea view (108 euros)

c. Three beds room (B+B): Standard pool view (88 euros), Standard sea-side view (98 euros)

d. Cost of a lunch or dinner meal: 18.00 euros per person.

*Please note that the above prices for the Conference participants are also valid for a period of 5-10 days before and after the conference. Participants who arrange their own accommodation are requested to send the Travel Form together with their Hotel Accommodation Form to the Secretariat of the Conference Organising Committee.

*** Conference participants arriving at Athens International Airport “Elefterios Venizelos” can get to Amarilia Hotel { Vouliagmeni-Cavouri area } either by taxi (the distance is 19 kilometers) or by bus { Bus Number: X96- from “Elefterios Venizelos” to Piraeus }. The X96 bus departs from the arrival level { exits 4 and 5 }. The nearest stop to Amarilia Hotel is called “Pigadakia” (the distance from Pigadakia to Hotel Amarilia is 800 meters, that is approximately 7-10 minutes walk).

Reference to google maps: 13 Saint Nicolas Street, 16671 Vouliagmeni-Athens Greece

DATE:

SIGNATURE:

INTERNATIONAL ASSOCIATION FOR GREEK PHILOSOPHY
5, SIMONIDOU STR., 174 56 ALIMOS- GREECE
TEL: +30210 9956955, +30210 7277545, +30210 7277548, FAX: +30210 9923281, +30210 7248979
website: <http://www.hri.org/iagp/>, <http://www.iagp.gr> E-mail: secretariat@iagp.gr

27th INTERNATIONAL CONFERENCE OF PHILOSOPHY

FORM No. 8:

CONFERENCE BEACH PARTY (OR A GREEK EVENING ENTERTAINMENT)

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

SURNAME (OR FAMILY NAME):

TITLE (Prof., Dr., etc):

E-MAIL :

MOBILE:

PERSONS:

a. I send you a cheque of 30 Euros net on the name of K. Boudouris (drawn on a European Bank) as fees for participating in Conference Beach Party.

b. I pay the fees for participating in conference beach party through the indicated Bank account. **Bank account payments for the above services should be made to the following account data**{National Bank of Greece, BANK-BRANCH: 151/296917-69. IBAN ACCOUNT: GR 0901101510000015129601769, Swift Code (BIC): ETHNGRAA}.

c. **Concerning Bank payment please also note that the transfer for any kind 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.**

d. The Beach Party Form No.8 and the **bank extract** for the relevant fees should be sent to the Secretariat of the Conference by post or fax (+30210-9923281) or by e-mail: secretariat@iagp.gr as PDF format. All Bank charges for remittance must be paid by the participant.

BEACH PARTY (OR GREEK EVENING ENTERTAINMENT)

The beach party is a special event for the exclusive entertainment of the Conference Participants. The party will be held outdoors, on the beachfront, in a friendly and carefree atmosphere. The event includes a sit-down dinner, delicacies, fruits and ice cream with live Greek and international music and singing. Everyone is welcome to dance, to sing or just to listen as the evening rolls on. The symposium-like atmosphere under the Mediterranean sky is sure to rouse everyone to good spirits for an unforgettable night.

Timely registration contributes to the good organization and success of the event.

We look forward to greeting you on the beach!

DATE: **SIGNATURE:**

INTERNATIONAL ASSOCIATION FOR GREEK PHILOSOPHY

5, SIMONIDOU STR., 174 56 ALIMOS- GREECE

TEL: +30210 9956955, +30210 7277545, +30210 7277548, FAX: +30210 9923281, +30210 7248979

website: <http://www.hri.org/iagp/>, <http://www.iagp.gr> E-mail: secretariat@iagp.gr

27th INTERNATIONAL CONFERENCE OF PHILOSOPHY

FORM No. 9: CONFERENCE GALA DINNER

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

SURNAME (OR FAMILY NAME):

TITLE (Prof., Dr., etc):

E-MAIL :

MOBILE:

PERSONS:

a. **I send you a cheque of 30 Euros net on the name of K. Boudouris**
(drawn on a European Bank) as fees for participating in Conference Gala Dinner.

b. I pay the fees for participating in conference GALA DINNER through the indicated Bank account. Bank account payments for the above services 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 Bank payment please also note that the transfer for any kind 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.**

d. The Gala Dinner form No 9 and the **bank extract** of the relevant fees should be sent to the Secretariat of the Conference by post or fax (+30210 9923281) or by e-mail: secretariat@iagp.gr as PDF format. All Bank charges for remittance must be paid by the participant.

GALA DINNER

The Gala Dinner is a special event held exclusively for the Conference Participants. The event includes, among other things, seated dinner service, exquisite food with fruits and desserts. Entertainment throughout the evening will be provided by a band playing Greek and international music. If the experience of previous years holds true we expect that there will be dancing and singing in a warm and friendly atmosphere.

Timely registration contributes to the good organization and success of the event. We look forward to your participation in what promises to be a charming and memorable evening.

DATE:

SIGNATURE:

27th INTERNATIONAL CONFERENCE OF PHILOSOPHY
FORM No. 10: CONFERENCE EXCURSIONS

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

SURNAME:

TITLE (Prof., Dr., etc):

E-MAIL :

MOBILE:

NUMBER OF PERSONS:

- a. I send you a cheque ofEuros on the name of K. Boudouris (drawn on a European Bank) as fees for participating in the Excursion: **A.....B.....C.....**(Please tick)
- b. I pay the fees for participating in the Excursion through the indicated Bank account. Bank account payments for the above services should be made to the following account data:
{National Bank of Greece, BANK-BRANCH: 151/296917-69. IBAN ACCOUNT:
GR 0901101510000015129601769, Swift Code (BIC): ETHNGRAA }
- c. **Concerning Bank payment please also note that the transfer for any kind 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.**
- d. The participation form No 10 and the bank extract of the relevant fees should be sent to the Secretariat of the Conference by post or fax (+30210 9923281) or by e-mail: secretariat@iagp.gr in PDF format. All Bank charges for remittance must be paid by the participant.

CONFERENCE EXCURSIONS PLANS

The Conference Organising Committee has prepared three different excursions to ensure that participants have alternative choices that will suit their particular interests and preferences.

A. Excursion to the Center Athens - lasting half day (9.30-15.00)

The excursion includes a visit and tour of the Plato's Academy, Aristotle's Lyceum, Agia Fotini Ilisos (near the site of Plato's dialogue *Phaedrus*), the Pnyx, the Acropolis Museum and a light lunch.

Cost is 50 euros; minimum 40 persons.

Participants are kindly requested to bring along all the necessary items for protection from the sun and suitable walking shoes. If the trip does not take place, the monies will be returned during the Conference.

The tours are scheduled for the last day of the Conference.

The Registration Form and payment of the amount are to be made no later than 30.06.2015

B. Excursion to Sounion Cape - lasting half day (9.30-14.30).

The tour includes a visit and tour of the Temple of Poseidon, tour of Lavrio area and swimming in the sea and a light lunch. Participants are kindly requested to bring along all the necessary items for swimming, protection from the sun, and suitable walking shoes.

The tours are scheduled for the last day of the Conference.

If the trip does not take place, the monies will be returned during the Conference.

The Registration Form and payment of the amount are to be made no later than 30.06.2015

The cost is 40 euros; minimum 30 persons

C. Excursion to Marathon lasting half day (9.30-15.00)

The tour includes a visit and tour of the Tomb of Marathon warriors, visit and tour of the Museum of Marathon-Runners, tour of the site of the Battlefield), the possibility for sea bathing, and light lunch. Participants are kindly requested to bring along all the necessary items for swimming, protection from the sun, and suitable walking shoes. The tours are scheduled for the last day of the Conference. If the trip does not take place, the monies will be returned during the Conference. The tours are scheduled for the last day of the Conference.

Cost is 40 euros; minimum 30 persons.

The Registration Form and payment of amount are to be made no later than 30.06.2015

DATE:

SIGNATURE: