



PARTICIPATION FORM FOR THE AVIATION CONFERENCE #3

Monday, 22nd September 2014,

Divani Caravel Hotel, Athens

Registration Starts: 09.30

NAME SURNAME _____

TITLE _____

COMPANY/ORGANIZATION _____

ADDRESS _____ PC _____

TELEPHONE _____ FAX _____

E-MAIL _____

- **To confirm your participation**, please fill in this form and send it back to us at the fax number +30 210 729 5978 or email it to invitation@athensflyingweek.gr
- For more information please contact: Stella Tsomokou, 210 728 9000, s.tsomokou@tsomokos.gr
- **Due to limited seating, priority will be given**