



35TH INTERNATIONAL CHEMISTRY OLYMPIAD

ATHENS-HELLAS

RETURN BEFORE: March 15th 2003
FAX: +30 210 7274782

COUNTRY REGISTRATION FORM

COUNTRY:

Contact Person:

Name:

Address:

City:

Postal zip code:

Phone¹:

Fax:

E-mail:

| Delegation | Number | | Required fee |
|---|--|---|--------------|
| Number of mentors (max 2) | | | |
| Number of students (max 4) | | | |
| Number of scientific observers (max 1) | | *\$1500 = | \$ (A) |
| Number of guests (no max) | | *\$1500 = | \$ (B) |
| Year of first participation or Year of being host | | | |
| Registration fee: N = | | N * \$100 = | \$ (C) |
| Total conference fee: | | SUM(A+B+C)= | \$ |
| Please indicate if your own software installation is required | YES <input type="checkbox"/> NO <input type="checkbox"/> | Software must be sent to us by April 1, 2003 | |
| Examination language | (Indicates the language in which your students will be writing their exams) | | |

N.B. Payment of the fees should be made by the 31st of March 2003. If this is not possible you must contact the conference registration.

¹ Country code, area code, number



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PAYMENT FORM

COUNTRY:

| Delegation | Number | | Required fee |
|--|--------|-------------|--------------|
| Number of mentors (max 2) | | | |
| Number of students (max 4) | | | |
| Number of scientific observers (max 1) | | *\$1500 = | \$ (A) |
| Number of guests (no max) | | *\$1500 = | \$ (B) |
| Year of first participation or Year of being host | | | |
| Registration fee: N = | | N * \$100 = | \$ (C) |
| Total conference fee: | | SUM(A+B+C)= | \$ |

The payment must be made in one of the following ways:

1. Transfer your fee to:

NATIONAL BANK OF GREECE

KANINGOS BRANCH (129)

Account Holders: G. N. ARVANITIS and I. A. GAGLIAS

Account Number: 129/592045-09

Account's IBAN: GR8201101290000012959204509

And fax a photocopy of the receipt to the fax number +30 210 7274782

2. Make a bank draft payable to the above account and send it to:

35th IChO Secretariat

c/o Association of Greek Chemists

27 Kaningos str

106 82 Athens

Greece



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MENTOR / SCIENTIFIC OBSERVER FORM

COUNTRY:

| Details | Head Mentor | Mentor | Scientific Observer |
|---|-------------|--------|---------------------|
| Family name | | | |
| First name | | | |
| Gender (Male or Female) | | | |
| Date of Birth | | | |
| Passport number | | | |
| Home address Street | | | |
| Postal zip code | | | |
| City | | | |
| Home telephone ¹ | | | |
| Day phone | | | |
| Emergency contact number | | | |
| Fax number | | | |
| SPECIAL DIETARY NEEDS | | | |
| Other special needs (e.g. physical disabilities) | | | |

N.B. Payment of the fees should be made by the 31st of March 2003. If this is not possible you must contact the conference registration.
Scientific observers will have to pay \$1500 for participating in the 35th IChO, which covers accommodation, meals and guest program.

¹ Country code, area code, number



35TH INTERNATIONAL CHEMISTRY OLYMPIAD

ATHENS-HELLAS

RETURN BEFORE: April 15th 2003

FAX: +30 210 7274782

STUDENT REGISTRATION FORM

COUNTRY:

| Details | Student 1 | Student 2 | Student 3 | Student 4 |
|--------------------------------------|-----------|-----------|-----------|-----------|
| Family name | | | | |
| First name | | | | |
| Gender (Male or Female) | | | | |
| Date of Birth | | | | |
| Passport number | | | | |
| Home address Street | | | | |
| Postal zip code | | | | |
| City | | | | |
| Home telephone ¹ | | | | |
| Emergency contact number | | | | |
| SPECIAL DIETARY NEEDS | | | | |
| School name | | | | |
| School address Street or P.O. box | | | | |
| Postal zip code | | | | |
| City | | | | |
| Graduation date | | | | |

The Head Mentor declares that it has been verified that the students listed in this form are not or have not been enrolled in a University or schools which are specializing in Chemistry. They have also not undergone extra training beyond what is allowed by the IChO rules.

The Head Mentor / signature

¹ Country code, area code, number



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RETURN BEFORE: April 15th 2003
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GUEST REGISTRATION FORM

COUNTRY:

| Details | Guest 1 | Guest 2 | Guest 3 |
|---|---------|---------|---------|
| Family name | | | |
| First male | | | |
| Gender (Male or Female) | | | |
| Date of Birth | | | |
| Passport number | | | |
| Home address Street | | | |
| Postal zip code | | | |
| City | | | |
| Home telephone ¹ | | | |
| Day phone | | | |
| Emergency contact number | | | |
| Fax number | | | |
| SPECIAL DIETARY NEEDS | | | |
| Other special needs (e.g. physical disabilities) | | | |

Guests will have to pay \$1500 for participating in the 35th IChO, which covers accommodation, meals and guest program.

¹ Country code, area code, number



35TH INTERNATIONAL CHEMISTRY OLYMPIAD

ATHENS-HELLAS

RETURN BEFORE: June 1st 2003
FAX: +30 210 7274782

TRAVEL INFORMATION FORM

COUNTRY:

| | Head Mentor | Mentor | Students 1,2,3,4 | Scientific Observer | Guest 1 | Guest 2 | |
|-----------------------|-------------|--------|------------------|---------------------|---------|---------|-------|
| Arrival date | | | | | | | |
| By car ¹ | | | | | | | |
| By train ¹ | | | | | | | |
| By plain | | | | | | | |
| Flight Number | | | | | | | |
| Arrival time | | | | | | | |
| | | | | | | | |
| Departure date | | | | | | | |
| By car ¹ | | | | | | | |
| By train | | | | | | | |
| By plain | | | | | | | |
| Flight Number | | | | | | | |
| Departure time | | | | | | | |

There is a possibility of taking tours before and after the Olympiad. Information to follow.

If you need hotel accommodation before or after the Olympiad please indicate this on the extra sheet provided with this form.

You will have to pay for this extra accommodation yourself. We will host you from Saturday the 5th of July 12.00 a.m. until Monday the 14th of July 12.00 a.m.

¹ If applicable please indicate (approximate) time of arrival/departure.



35TH INTERNATIONAL CHEMISTRY OLYMPIAD

ATHENS-HELLAS

- If you need hotel accommodation before or after the Olympiad, please indicate below the required accommodation.

☐ single room ☐ double room

Name 1:

Accompanying person:(in case of double room)

BEFORE OLYMPIAD:

Arrival date:-.....-2003

Departure date:-.....-2003

AFTER OLYMPIAD:

Arrival date:-.....-2003

Departure date:-.....-2003

☐ single room ☐ double room

Name 2:

Accompanying person:(in case of double room)

BEFORE OLYMPIAD:

Arrival date:-.....-2003

Departure date:-.....-2003

AFTER OLYMPIAD:

Arrival date:-.....-2003

Departure date:-.....-2003

Please make copies if more than 2 rooms are required.