# Registration Form

Please fill in and return this registration form to: [fsk2025@cut.ac.cy](mailto:fsk2025@cut.ac.cy)

###### **Personal Info**

Name:

Title (Prof., Dr., Student):

Affiliation:

Address Line:

City:       Country:       Postal Code:

e-mail:

###### **Presentation Type (for electronically submitted abstracts)**

Type:  Oral  Poster

##### Title:

Authors:

**Registration fees**

|  |  |  |
| --- | --- | --- |
|  | **Early registration**  **(before 18/07/2025)** | **Late registration**  **(after 18/07/2025)** |
| **Standard registration**  **(presentation of up to 2 papers)** | 170 euro | 200 euro |
| **Students (MSc / PhD) \***  **(presentation of up to 2 papers)** | 100 euro | 130 euro |
| **Accompanying person** | 40 euro | 60 euro |

**\****Students should include a copy of their student identification card or a signed letter from the head of their department certifying their student status. Post-doctoral researchers pay regular fees.*

The registration fee includes the conference material, the participation in the Welcome Cocktail, coffee breaks, lunch breaks, and the Gala dinner.

**Method of payment**

**On-line payment by credit card in the JCC Smart portal**

* *Register in the JCC Smart Portal:* <https://www.jccsmart.com/register>
* *Use the conference registration link below and complete the payment:* <https://www.jccsmart.com/businesses/14245070/pay/11504>
* *Send us a copy of transaction receipt to* [fsk2025@cut.ac.cy](mailto:fsk2025@cut.ac.cy) *along with the present registration form.*
* *Indicate if you require a receipt by filling in the attached form below.*

**Confirmation & Receipts**

*A letter of confirmation will be sent by e-mail to each participant as soon as the registration form and payment are received by the conference secretariat.*

*A receipt in the details of the registered person will be issued. Please complete the form in the next page with receipt details.*

# Receipt request form

|  |  |
| --- | --- |
| *Language of receipt / invoice* | **Greek** |
| **Participant’s details** | |
| *Full name of registered person* |  |
| *Email for receipt delivery* |  |
| *Amount paid (in euro)* |  |
| *I require a receipt* |  |
| *Any other requirements or comments that you wish to include* |  |