**Registration Form FOR ICQSBEI 2017**

**I wish to participate to the Conference:**

**1st INTERNATIONAL CONFERENCE ON**

**QUANTITATIVE, SOCIAL, BIOMEDICAL AND ECONOMIC ISSUES 2017 - ICQSBEI 2017**

**which shall take place in Athens, Greece, on June, 29-30 2017,**

**at HOTEL STANLEY**

**FIRST NAME AND SURNAME:** ……….………………………………………………………

**GENDER: …………………………………………………………………………………………**

**TITLE: ……………………………………………………………………………………………….**

**INSTITUTION OR COMPANY: ………………………………………………………………..**

**SPECIALIZATION: ………………………………………………………………………………**

**POSITION IN INSTITUTION OR COMPANY: ……………………………………………**

#### ADDRESS: ………………………………………………………………………………………

**…………………………………………………………………………………………………………….**

**TEL: .……………………………………………………………………………………………………**

**FAX: …………………………………………………………………………………………………….**

**e-mail: ……………………………………………………………………………………………….**

**TITLE OF PAPER**

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### SUBMISSION OF ABSTRACT ACCORDING TO THE INSTRUCTIONS 1.4, a.1-a.9.