



REGISTRATION FORM

Cultural exchanges between Greece and Baltic countries

ORGANIZING INSTITUTION: *“Greek educational & cultural association friends of Baltic countries”*

THEME: “ _____ ”

LOCATION & DATE: *EDESSA – GREECE* ____ to ____ of _____ 2007

INFORMATION AND CONTACT: *Tel.:+30 23810 27845 Fax: + ..+30 23810 27845
www.balticfriends.gr & lazant@hol.gr*

NAME: _____ (Person who organizes the group)

How many people will be the group: ____

FUNCTION: _____

INSTITUTION: _____

ADDRESS: _____

POST CODE: _____

TELEPHONE: _____ and _____

FAX : _____

e-mail: _____ and _____

Organizing the trip

Transport to Greece will be by plane _____ or by bus _____

Arrival day _____ departure day _____

How many nights you will stay in Hotels: _____ (for rooms booking)

What kind of sights and places you would visit in Greece:

Other information: _____

Place: _____ **Date:** _____

Name of applicant in capital letters: _____ **Name & position of representative of the institution/association:** _____

Signature of applicant: _____ **Signature of representative of the institution/ association:** _____

Stamp of the institution/ association: