



Hellenic Oceanographers' Association

email: info@seok.gr

REGISTRATION FORM

Please accept my application for the Hellenic Oceanographers' Association, since I fulfill the requirements, according to the qualifications depicted at the protocol of the aforementioned association.

1. NAME:

2. DIPLOMAS (including foreign languages):

1. _____
2. _____
3. _____
4. _____
5. _____

3. CURRENT PROFESSIONAL STATUS (institution and κατ position):

4. HOME AND/OR WORK ADDRESS:

| HOME ADDRESS | WORK ADDRESS |
|------------------|------------------|
| STREET - NUMBER: | STREET - NUMBER: |
| P.O. BOX - CITY: | P.O. BOX - CITY: |
| TELEPHONES: | TELEPHONES: |
| e-mail: | FAX: |

Signature