



Saturday September 7 – Sunday September 15, 2019

General Information

1. All events will be held at the Olympias Room at Helexpo during the Thessaloniki International Fair
2. The maximum time window for each session is 2 hours. If a company wishes to conduct a longer event, it should reserve consecutive time slots
3. All events will take place during the operational schedule of the Fair. That is:
 - a. Weekend days (Saturdays & Sundays) 10am – 10pm
 - b. Week days (Monday through Friday) 4pm – 10pmPlease note though that both Saturdays the Olympias room will be unavailable from 2pm due to the addresses of the political leaders.
4. There will be a small kiosk outside for usage by the companies to display information or hand out any material or samples.
5. Companies will be able to install –at their own expenses- their own small booth at the entrance but in such case they need to remove the installation after the ending of their sessions.
6. All events will be promoted by AmCham and they will be included in the promotional material of the Fair as well.
7. AmCham will handle the registration process for the events unless the companies want otherwise.
8. Companies will be able to send their own invitations for their events however the invitees need to use the Eventora platform that AmCham will install.



Participation Form

Please complete below events & workshops that you plan to organize during 84th TIF.

OLYMPIAS ROOM - HELEXPO (capacity up to 140 people)	
1. Title:	
Main Topic (i.e. AI, Big Data):	
Proposed Date & Time:	
2. Title:	
Main Topic (i.e. AI, Big Data):	
Proposed Date & Time:	
3. Title:	
Main Topic (i.e. AI, Big Data):	
Proposed Date & Time:	

Participation Cost/Event

The cost per event is 3.000 € + VAT and includes:

- Room rental for two hours
- A/V equipment & technical support
- Catering by THE MET HOTEL (coffee, tea, cookies, cakes, orange juice, water)
- Event marketing & promotion
- Secretarial assistance



Method of Payment

Deposit at Alpha Bank

IBAN GR58 0140 2060 2060 0232 0000 243

Beneficiary: American-Hellenic Chamber of Commerce

Please write your company's name as depositor.

Credit Card Charge

AMEX VISA MASTER CARD

.....
Card Holder's Name

.....
Credit Card Number

.....
Expiration Date

.....
CVV Number

Company

Name

Address

Tax Number Tax Authority

Contact Person

Phone E-mail

Name Title

Signature

Please send your request **up to June 21, 2019 the latest** to

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