



24th JBMO 2020, 9 – 13 September 2020

REGISTRATION DETAILS

Country:

Team student members:

	Surname / Name	Gender M/F	Birthdate (dd/mm/yy)	Passport or Identity card No.
1				
2				
3				
4				
5				
6				

Team Leader:

Gender: _____ (M/F)

(Surname) (First Name) (Middle Name) (email address) mobile phone

Deputy Team Leader:

Gender: _____ (M/F)

(Surname) (First Name) (Middle Name) (email address) mobile phone

Observer A (follows leader's programme):

Gender: _____ (M/F)

(Surname) (First Name) (Middle Name) (email address)

Kindly fill in the above details and send it to us by email not later than 1st of September 2020, for final confirmation of joining the JBMO 2020.

Telephone No. : (+30) 2103617784

E-mail address : info@hms.gr, kmn@aueb.gr

Webpage address: www.hms.gr, www.massee-org.eu