**REGISTRATION FORM**

**SUBSCRIPTION RENEWAL**

Please be completed and sent to the center's email [grammateia@mpoxatziar.gr](mailto:grammateia@mpoxatziar.gr)

NAME: …………………………….……………………………………………………………………………………………………………

JOB/SPECIALITY: …………………………………………………………………………..………………………………………………..

ADDRESS……………………………………….…….………………..TEL: …………………………………………………..…………. MOBILE: …………………………………………………….…………FAX: ………………………………………………………………

ΕMAIL :……………..…………………………………………………………………………………………………………………………..

**Describe the elements just as you want to appear on our site**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Membership fee: 60 euro**

**Assistance Duration: 1 year**

The above prices included TAXES

Date: ………………………………….…………… Signature: ……………………..………………………………

**Executive Director**

**Bochatziar Sp. Evangelos**

Speech Therapist – Irlen Diagnostician, INPP Sc. P., Si,

Speech & Language Therapist, Irlen Diagnostician, Irlen Clinic Director –trainer, S I, INPP Sc. P

Executive Director of Special Education Clinic Patras GR

Irlen Clinic Director of Greece

Early Stuttering Lidcombe Therapist

Travelling Diagnostician for Cyprus, Italy & Oman

INPP School Program (The Institute of Neuro- Physiological Psychology, UK)

Sensory Integration Therapist

[www.mpoxatziar.gr](http://www.mpoxatziar.gr)