

Registration Form Pre-Conference Educational Day

a) Personal information	<p>SURNAME (Please type as shown in your passport):</p> <p>FIRST NAME (Please type as shown in your passport):</p> <p style="text-align: center;">Male Female</p> <p>Nationality:</p> <p>Date of birth (dd/mm/yy):</p>
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b) Contact information	<p>E-mail:</p> <p>Personal phone:</p> <p>Work phone:.....</p> <p>Work Fax:</p>
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c) Institution	<p>Name:</p> <p>Address:</p> <p>.....</p>
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Occupation and Duties:	<p>Title:.....</p> <p>Short description of functions:</p>
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d) Education: Please give the exact name of institutions and the title of degrees.

1	<p>Degree (M.Sc. etc.):</p> <p>Major field of study:</p> <p>University/Institute:.....</p> <p>Country:.....</p> <p>Years attended: From..... To.....</p> <p>Date conferred:</p>
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2	<p>Degree (PhD etc.):</p> <p>Major field of study:</p> <p>University/Institute:.....</p> <p>Country:</p> <p>Years attended: From..... To.....</p> <p>Date conferred :</p>
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