

PRELIMINARY REGISTRATION FORM FOR PRESENTERS

NAME & SURNAME :
UNIVERSITY :
FACULTY :
TITLE :
PHONE :
EMAIL :

TOPIC OF PROCEEDING :

ACCOMMODATION *:

I REQUEST

I DON'T REQUEST

SINGLE-BED ROOM
DOUBLE-BED ROOM

ARRIVAL DATE :

19 November

20 November

21 November

ARRIVAL TIME :**

DEPARTURE DATE & TIME :

TRANSPORTATION :

PLANE

BUS

CAR

PLEASE FILL IN IF YOU FLY TO SKOPJE:

ARRIVE TO SKOPJE AIRPORT :

DATE :

ARRIVAL TIME :

DEPART FROM SKOPJE AIRPORT :

DATE :

DEPARTURE TIME :

Please complete this registration form and return it together with your article by
the deadline of October 9th, 2009 to:

INTERNATIONAL BALKAN UNIVERSITY

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* Accommodation fees will be paid for only 1 person.

** Reservations on 19th November will start from 12:00 am.