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**4th Bi-annual Scientific Conference**

**REGISTRATION FORM**

**First name**:       **Family name**:

**Institution/Organization**:       **Position**:

**Mailing Address**:

**Zip Code**:       **City**:       **Country:**

**Tel.**:       **Fax**:      **Mobile**:

**E-mail**:

|  |  |
| --- | --- |
| **Participation** | **MARK WITH X all relevant fields** |
| Participant (oral presentation/poster):  |        |
| Graduate students presentation/poster) :  |        |
| Delegate (no presentation) :  |        |
| Accompanying person/spouse :  |        |

|  |  |
| --- | --- |
| **Title of paper** |  |
| **Authors** |  |
| **Authors Organization** (name & address)  |  |
| **Session** |  |
| **Participation** (oral presentation or poster, please specify)  |  |

**Accommodation**

|  |  |  |
| --- | --- | --- |
| **Room/price** | **Number of rooms** | **Number of nights** |
| Single room  |        |       |
| Double room  |         |       |
| Person to share room (name):  |        |

Any special requirements:

[ ]  I will participate in the Black Sea Day activities (number of persons):

[ ]  I will participate in the Official Dinner (number of persons):

 **Arrival in Constanta (day & time):**  **Departure from Constanta (day & time):**