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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):**