



CNB 2015  
CNB 2015



## REGISTRATION FORM

Title (please delete or cut what is not appropriate): Prof. Dr. Mr. Mrs. Ms.

Family Name (Surname):

First Name:

Institution/ Organization:

Address:

Zip/ Postal Code:

City:

Country:

Phone:

Cell phone (optional):

Fax (optional):

E-mail:

I need a fiscal invoice (factură fiscală): yes/no.

On the fiscal invoice, please print my institution's fiscal identification code (CUI):

Title of my work:

Author(s):

Presenting author:

Preferred form of presentation: oral presentation/poster.

I plan to attend the touristic program and gala dinner: yes/no.

Date of arrival:

Date of departure: