



# Registration Form

Surname: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Town: \_\_\_\_\_ Country: \_\_\_\_\_

Nationality: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## Academic and Professional Details

Previous Educational Qualifications: \_\_\_\_\_

University or Institution: \_\_\_\_\_

Professional Details (Company or Institution and current position): \_\_\_\_\_

\_\_\_\_\_

Form of payment: \_\_\_\_\_

The fee is due on International School of Protocol account (IBAN: BE34 7340 2871 0490, BIC/SWIFT: KREDBEBB) before the start of the seminar. Pre-payment is a condition for participation.

Date

Signature

\_\_\_\_\_

\_\_\_\_\_