



RALI

**REGIONAL CONFERENCE
WITH INTERNATIONAL PARTICIPATION
PREVENTION - RISK MANAGEMENT - SOCIAL SECURITY
17 -18 May 2010, Banja Luka**

REGISTRATION FORM (TO BE RETURNED TO THE SECRETARIAT)

When returning this form, please print clearly in block letters or type. Please return by **15 March 2010** to:

Tatjana Rađenović
tatjana.radenovic@usaidelmo.ba

Biljana Semiz
biljana.semiz@mpb.vladars.net

PERSONAL DETAILS

First Name _____ Family Name _____

Mr/Ms/Dr _____ Position _____

Organisation _____

Work Address _____

Country _____ Telephone (*include codes*) _____

Fax _____ E-mail _____

Please indicate if you have any disability related access requirements:

Please indicate whether you would prefer a vegetarian menu: yes no

OFFICIAL LANGUAGES OF THE CONFERENCE (please confirm)

English yes no

German yes no

Serbian yes no

TRAVEL INFORMATION

Which is your means of transportation:

Car Train Flight

Please inform us about your travel schedule:

Date of Arrival _____ Flight No. _____ Time _____

Date of Departure _____ Flight No. _____ Time _____

HOTEL BOOKING

HOTEL "BOSNA"
Kralja Petra I Karadjordjevica 97
Banja Luka

16/05/2010 **17/05/2010** **18/05/2010**

tel: ++ 387 51 215 775
fax: ++ 387 51 215 717
info@hotelbosna.com
www.hotelbosna.com

single room
double room

Date: _____

Signature: _____