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 Radenović
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  single room
fax: ++ 387 51 215 717  double room
info@hotelbosna.com
www.hotelbosna.com

Date:  _____________________  Signature:  _____________________