



University of Medical Sciences & Technology

Faculty of Pharmacy



6th Annual International Scientific conference

Conference Registration Form

NOTES ON REGISTRATION

Please complete all informations on the registration form.

Inaccurate or incomplete information will delay the processing of your conformation.

For any other further informations or request please contact us.

Participant: Prof. Dr. Mr. Mrs. Ms Student.

Name:

Surname:

Town:

Country:

Telephone / Mobile:

Fax:

E-mail address:

Field: Pharmacy Medicine Dentistry Nursing Other

Institution/ company/ Organization:

Department:

Type of participation: Active participant Passive participant