



WORKSHOP REGISTRATION FORM

Please fill out the form below in BLOCK CAPITALS

Surname: _____ First Name: _____
Title: Dr. _____ Mr. _____ Mrs. _____ Ms. _____ Position: _____
Company: _____
Tel: _____ Fax: _____
Address: _____
E-mail: _____ Website: _____

WORKSHOP REGISTRATION INCLUDES

30 min for workshop

Hall for 150 person

Chairs with theater style

Datashow with screen

Sound system with microphone for the speaker

Podium for the speaker

Certificate for author

WORKSHOP FEES IS 1200 €

Deadline for the registration 25 . 09 . 2018

Name: _____ Authorized Signature: _____
Position: _____ Date: _____

Organized by



Tel: 00 218 21 726 9417 - Tel: 00 218 21 726 8413
Mob: 00 218 92 503 1343 - Fax: 00 218 21 362 2360

hanan@wahaexpo.com
www.bieogexpo.ly