

**MEETINGS OF INSURANCE AND
REINSURANCE ORGANIZATIONS**

Sarajevo, 15 - 17 June 2011

REGISTRATION FORM

Name: _____

Position: _____

Company: _____

Company reg. no: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Please use one application form per participant. This application form is a valid order. Please send the application form to: TECTUS d.o.o., Radnička cesta 48, 10000 Zagreb, Croatia; fax to: + 385 1 6062 889; or email to: sors@sors.ba

PARTICIPATION FEE:

Participation fee - covering participation at lectures and forum, proceedings and other conference materials, cocktail, lunch, refreshments during the breaks - is charged in the amount of **250** EUR.

ACCOMMODATION:

The participant would like to have the accommodation arranged by the Organizer:

	YES	NO
- single bedroom (90 EUR)		- double bedroom (110 EUR)
- date of arrival _____		- date of departure _____
- please send me confirmation of the reservation on fax number: _____		

PAYMENTS:

Total amount (registration fee + accommodation) needs to be paid in entirety by June 8th 2011 the latest. Upon receiving the registration form, the organizer will send an invoice.

Date and place

Authorized person