

REGISTRATION FORM

Please fill the required fields with legible letters and mail the form to: ingeborg.stanovic@kongres-tim.hr

NAME AND SURNAME: _____
ADDRESS: _____
E-MAIL: _____
PHONE NUMBER: _____
INSTITUTION: _____
TITLE: _____
MEMBERSHIP: _____

REGISTRATION FEE

Specialists/consultants: 400€

Residents: free of charge

The registration fee includes conference materials, the program, a certificate of participation, a coffee break, and a congress lunch/dinner with drinks.

ACCOMODATION - Hotel Sheraton 5* (mark corresponding field with **x**)

The price for one overnight stay with breakfast (including tourist tax)

Single room: 154,00 €

Twin room: 83,00 € per person

0 (please state the name of extra person)

Hotel garage: 22,00 € / day

Accommodation upon request: other nearby hotels: *Canopy by Hilton 4*, Astoria 4*, Central 3**

DEADLINE FOR REGISTRATION: no later than February 15, 2025 (cancellations after this date are subject to hotel terms)

PAYMENT METHOD (mark corresponding field with **x**)

Payment to the travel Agency's account – you will receive a proforma invoice from the Agency

Through a sponsor – please fill in the sponsor's details

COMPANY: _____
CONTACT PERSON: _____
(e-mail, phone): _____

If you have any questions, please kindly contact us:

Congress information

Contact person for registration and accommodation :

Ingeborg Stanović
Project Manager
Kongres-Tim d.o.o.
Petrova 148, 10000 Zagreb
Mob.: +385-99-263 8570
E-mail: ingeborg.stanovic@kongres-tim.hr

Contact person for organization:

Sandra Milanović
CroSICM administrative secretary
Phone.: +385 1 2903 440
Cell.:+385 91 5809 941
E-mail: smilanovic@kbd.hr
hdim.tajnistvo@hlz.hr