

REGISTRATION FORM

FOR PARTICIPANTS

For the 2nd Austrian, Italian, Slovenian and Croatian
Medical Physics Meeting, April 28-29, 2006
Hotel Admiral, Opatija, Croatia

Name:

Address:

Phone:

Fax:

E-mail:

REGISTRATION FEE:

AIFMP, OGMP, SBS and CROMBES Members: **40 EUR**
Non-members: **50 EUR**

The total fee is to be paid by bank transfer to:

Account Holder: Ministarstvo financija; for: FER Zagreb, Unska 3

Bank: Privredna banka

Street: Ulica Grada Vukovara 271

Town: HR-10000 Zagreb

Country: Croatia

Account Number: 7020-978-9182800-132344-612

Swift: PBZGHR2X

Bank Code: 0341

For: **CROMBES- 2nd AISCMP Meeting**

The copy of the **bank transfer** with your name and/or the name of your company is to be sent by fax or email to the Secretariat:

Nikolina Volf

CROMBES Secretariat

Faculty of Electrical Engineering and Computing

Unska 3

HR-10000 Zagreb

Croatia

Tel: ++385 1 6129 938

Fax: ++385 1 6129 652

Email: crombes@crombes.hr