

PSYCHIATRIC ASSOCIATION OF BOSNIA- HERZEGOVINA		
17 <sup>th</sup> PSYCHIATRIC DAYS OF BOSNIA AND HERZEGOVINA	<b>TREATMENT IN PSYCHIATRY: ACTUALITIES AND DILEMMAS</b> Tuzla, 25. - 26. october 2019. Hotel Mellain	

***Application Form for Symposium Registration***  
**for Participation on 17<sup>th</sup> Psychiatric days of Bosnia and Herzegovina**  
**(all data are mandatory)**

**Name and surname:**

Professional title:

Institution:

Service:

Address, zip code, city and state:

Phone:

E-mail:

I shall participate as: (please circle/underline the correct answer)

Invited lecturer: YES NO

Author or co-author of poster/oral presentation(s): YES NO

Participant without presentation: YES NO

I shall pay for the cost of the registration personally: YES NO

If you come with sponsorship, please specify the sponsor's name: \_\_\_\_\_

I want to participate in the Gala Dinner: YES NO

I want to have lunch (for those who will not stay in the hotel Mellain): YES NO

**Accompanying person:**

Institution:

Service:

Address, zip code, city and state:

Phone:

E-mail:

Please fill out this completed form and send it at

[17.psihijatrijski.dani@gmail.com](mailto:17.psihijatrijski.dani@gmail.com)

**The deadline for submitting the application is**

**07<sup>th</sup> July 2019 for those who have poster/oral presentation(s)**

**15<sup>th</sup> August 2019 for those who do not have presentation(s), for early registration**

**21<sup>st</sup> October 2019 for those who do not want early registration**

**For the payment for registration, registration fee, dinner, lunch and accommodation, as well as the cancellation of the mentioned services contact person is: Mersiha Idrizović, e-mail:**

**[mersihaidrizovic@gmail.com](mailto:mersihaidrizovic@gmail.com), GSM: 00387 61 810 431, fax: 00387 35 268 011.**