**REGISTRATION FORM**

**for XIII Symposium of Biological Psychiatry/Psychopharmacology**

**(participants outside Bosnia and Herzegovina)**

|  |  |
| --- | --- |
| **Forname and Name** |  |
| **Profession** |  |
| **Academic degree** |  |
| **Institution and Department** |  |
| **Business phone**  |  |
| **Cellphone** |  |
| **E-mail** |  |
| **Date of arrival** |  |
| **I will stay in Hotel „Holiday“ (underline)** | YES NO |
| **I will attend at Gala Dinner (13.05.2023. - underline)** | YES NO |

All information are protected and will use for registration purpose and communication of Organizing Committee with registered participantsonly.

Registration fee for participants outside of Bosnia and Herzegovina will be possible pay only in cash and onsite during Symposium (13. – 14.05.2023.)

**Plese, send filled Registration form to**

**udruženje.bioloska@gmail.com**