

REGISTRATION FORM

(Conference's Participant)

Name and Surname*¹: _____

Company/Institution*: _____

Address*: _____

City*: _____ Country*: _____

Mob. Phone*: _____ Office: _____

E-mail*: _____

Date*: _____

Signature*: _____

Registration Fee for participation in Conference is **60.00 €** (per person) till **October 11, 2019**.

After that, Registration Fee for participation is **70.00 €** (per person).

Every Conference's Participant has to fill out this Registration Form

This Registration Form should fill out, signed and scanned have to send by e-mail not later than **October 25, 2019**.

After that, we will send to you Receipt including bank details for payment

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