

REGISTRATION FORM (Conference's Participant)

Name and Surname^{*1}: _____

Company/Institution^{*}: _____

Address^{*}: _____

City^{*}: _____ Country^{*}: _____

Mob. Phone^{*}: _____ Office: _____

E-mail^{*}: _____

Date^{*}: _____

Signature^{*}: _____

REGISTRATION FEE – 2025			
EARLY BIRD – Registration (July 28 – September 14)	STANDRAD – Registration (September 15 – October 12)	LATE – Registration (October 13 – October 24)	STUDENT
80,00 €	100,00 €	120,00 €	40,00 €

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

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

National Committee CIGRE Kosovo

E-mail: registration@cigre-ks.com

Tel.: + 383 44 249 421

Tel.: + 383 44 210 352

Fax.: + 383 38 553 558

<http://www.cigre-ks.com>

^{*1} mandatory