**REGISTRATION FORM**

**Submission of registration: before 1st of October 2018**

**Select Title**: ………………………………………

Prof. Dr. Mr. Mrs. Ms.

**First name**: ………………………………………

**Surname**: ………………………………………

**Nationality**: …………………………………..….. **Passport Number:** ………………………

**Select Academic Position**: ………………………………………

Professor Associated Professor Assistant Professor

Lecturer PhD. Student Other

**Name of University/Organisation:** ………………………………………………………………………………………

**Address/City/Zip code/Country**: ……………………………………….…………………………..………………….

**Telephone/Mobile (With Country code):** ……………………………………………………………

**E-mail**: ……..………………………………………

**Highest Qualification:** ……..………………………………………

**Select Conference’s Fee**: ……………………………………………….

* Personal Participation and Presentation with articles €220
* PhD/MSc/BSc student Participation €125
* Personal Participation and Presentation without article €175
* Accompanying person €150
* Social Programme: Post Conference’s Tour €80

**Select Presentation**: ……………………………………………….

* Oral Poster Both Oral/Poster None

**Title of Presentations:**

1. ……...………...……………..…………………….…………………………………………………………………
2. ……...………...……………..…………………….…………………………………………………………………

**Excursion**

**Option Post Conference Tour: Sightseeing Tour in Szentendre (Price: 80 EUR)**

* Yes: I would like No: I wouldn’t like

**Any Requests or Remarks**:

 ……………………………………………………………………………..………………………………

**Expected day of arrival:** …………………………………………..…………

**Signature: Date:……………………………….**

***Please, kindly fill the registration form and return back by e-mail to Prof. Dr. Hosam Bayoumi Hamuda***

***All questions and inquiries concerning registration and payment should be addressed on:***

***E-mail:*** ***bayoumi.hosam@rkk.uni-obuda.hu***