**General Meeting** *of the* **September 28-30, 2015 Visegrad University Association Warsaw University of Life Sciences, Poland**

**Registration**

**Information**

Name(s) and Surname(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth (dd-mm-yyyy):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of birth (city, country):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citizenship:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail, Mobile phone, Fax:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hotel *(name)* .................**

**Social Programme**

***Warsaw sightseeing on 30.09.2015***

YES / NO (Please circle one option)

**Special Needs**

Special Dietary Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Mobility Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I NEED INVITATION FOR VISA YES / NO** (Please circle one option)

Please note that the registration fee **(180 €)** applies to every registered participant and includes meals and coffee breaks during the programme of the General Meeting.

**The registration fee does not include travel costs and accommodation of participants.**

PLEASE MAKE THE PAYMENT OF THE REGISTRATION FEE **(180€)** BY **August 30, 2015** TO:

|  |  |
| --- | --- |
| Name of the recipient | **SZKOŁA GŁÓWNA GOSPODARSTWA WIEJSKIEGO W WARSZAWIE** |
| Address of the recipient | **UL. NOWOURSYNOWSKA 166, 02-787 WARSZAWA** |
| Name of the bank | **BANK PEKAO SA** |
| Address of the bank | **UL. NOWOURSYNOWSKA 166. 02-787 WARSZAWA** |
| Account number | **44 1240 6003 1111 0000 4945 5230** |
| IBAN | **PL44 1240 6003 1111 0000 4945 5230** |
| Swift code | **PKOPPLPW** |
| Variable symbol  to be written as a **Message for the recipient** | **conference number:**  ***507-20-081100-M00367-99*** |

**FOR MORE INFORMATION AND FOR THE INVOICE PLEASE CONTACT US AT** (Please include information about your university, such as its name, address and VAT number!):

*E-mail address:* ***agata\_malak\_rawlikowska@sggw.pl***

**PLEASE RETURN REGISTRATION FORM TO BOTH OF THESE EMAIL ADDRESSES BY August 30, 2015:**

[vladislav.valach@uniag.sk](mailto:vladislav.valach@uniag.sk)

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