



**Registration Form**  
**INTERNATIONAL CONFERENCE**  
 Corporate Finance Management in Mining Industry (CFMMI)  
 Autumn Session, October 4-8, 2004  
 "Tsarcko Selo" hotel, Sofia BULGARIA

Please reserve a place on the above conference: [Photocopy for additional participants]

**Participant's Details:**

**TITLE** (Mr/Ms/Mrs/Miss/Dr) ..... **FIRST NAME (S)** .....

**SURNAME** (FAMILY NAME) .....

**JOB TITLE:** .....

**ORGANISATION:** .....

**WORK ADDRESS:** .....

**COUNTRY:** ..... **POSTCODE:** .....

**PHONE:** ..... **FAX:** .....

**E-Mail:** (if available) .....

**URL:** .....

**Conference Fee**

Participation	Up to September 4, 2004	After September 4, 2004
Participant	270 Euro	350 Euro
Accompany person	180 Euro	200 Euro
Student	40 Euro	80 Euro
Exhibitor	800 Euro	1000 Euro
Paper Publication Fee + Post Fee	40 Euro	85 Euro

**Advertisement:**

We would like to dispose our advertisement on the Conference Proceedings Papers: ... cover / ..... Euro

**Additionally to the Conference Programme:**

Promotion of a Company: 12 Euro/min x ..... min = ..... Euro

**Accommodation:**

Arrival Date in Sofia city: ...../ ..... / 2004

I plan to register ..... accompany person(s)

I am interested in receiving an exhibition area (*min. 2 sq. m*): ..... sq. m. x 50 Euro = ..... Euro

I am interested in taking a hall form Company presentation: **160 Euro**

**Total amount for bank transfer: ..... Euro**

The entire amount should be transferred to the following bank account:

ACCOUNT: **FIRST INVESTMENT BANK**, office "Alexander Nevski"  
Address: **95, "Vasil Levski" Blvd., 1000, Sofia, BULGARIA**  
SWIFT CODE: **FINVBGSF**  
ACCOUNT NUMBER: **14 132930 09**  
NAME: **GAIA EXPERT Ltd.**

**Note: Fees for bank transfer are at participant (orderer) expense!**

**Additional Information:**

- I will/will not require special meals (e.g. Vegetarian). Please give details below:  
.....
- I will/will not require special facilities for a disablement. Please give details below:  
.....
- I heard of this Conference from: ..... *(please specify)*  
.....

**Date:** ..... **Signature of the participant** .....

**Please return this completed form and a copy of bank transfer document to:**

**CFMMI 2004 Autumn Session Organizing Committee**  
P. O. Box 23, 1870 Sofia BULGARIA  
**Phone:** (+ 359 2) 994-48-11  
**Fax:** (+ 359 2) 994-48-11  
**Mobiles:** (+ 359 98) 586-508; (+ 359 98) 592-612  
**E-mail:** [cfmmi@netel.bg](mailto:cfmmi@netel.bg)

Important:

Period of approving the application forms for cancellation:

- Up to September 4, 2004 - 90% of the amount would be restored;
- Up to September 26, 2004 - 50% of the amount would be restored.

In the case when you plan to register an accompany person or to distribute this form to other colleagues, please make a copy first!

**THE DATE OF POSTMARK VALIDATES YOUR REGISTRATION PERIOD!**