Registration Form

INTERNATIONAL SEMINAR

Quantitative Risk.
Analysis, Assessment and Management
(QRAAM)

May 9-15, 2004

Hotel "TSARSKO SELO", Sofia BULGARIA

Please reserve a place on the above seminar: [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: .....

Participant Fee

Participation	Up to April 22, 2003	After April 22, 2003
Participant	1620 Euro*	1620 Euro*
Accompany person	800 Euro*	900 Euro*
Student	100 Euro	120 Euro
Exhibitor	2000 Euro*	2200 Euro*

Including: * 1. Accommodation in a single room in three stars hotel for 7 days, May 9-15, 2004
2. Breakfast, Lunch and Dinner, May 10-15, 2004
3. Breakfast, May 16, 2004

Advertisement:

We would like to dispose our advertisement on the Seminar Lecturer Papers: .... cover / ..... **Euro**

Additionally to the Seminar 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 Seminar from: ..... (*Please specify*)

.....

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

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

QRAAM 2004 International Seminar Organizing Committee
P. O. Box 23, 1870 Sofia BULGARIA
Phone: (+ 359 2) 994-48-11
Fax: (+ 359 2) 994-48-11
Mobile: (+ 359 98) 586-508; (+ 359 98) 592-612
E-mail: **gaia_e89@netel.bg**

Important:
Period of approving the application forms for cancellation:
- Up to April 26, 2004 - 90% of the amount would be restored;
- Up to May 2, 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!