**Joint Forum:**

**12th South-East European Conference**

**and**

**32st Annual Assembly of IMAB**

**20-23 October 2022**

**Medical Faculty, Trakia University of Stara Zagora, Bulgaria**

**REGISTRATION FORM**

**(for foreign participants only)**

Please fill out the registration form and send it until 30th September, 2022

by e-mail to: seec.imab@trakia-uni.bg

 **Personal information:**

 First Name**: . . . . . . . . . . . . . . . . . . . . .** Last Name**: . . . . . . . . . . . . . . . . . . . . . . . .**

 Institute / Hospital / Company: . . . . . . . . . . . . . . . . . . . . . Department:. . . . . . . . . . . . . . . . . . . . . . . . . . . . .

 Address: . . . . . . . . . . . . . . . . . . . . . . . . . . . City: . . . . . . . . . . . . . Country: . . . . . . . . . . . . . . . . . . .

 E-mail**: . . . . . . . . . . . . . . . . . . . . . . . . . . .**  Telephone: . . . . . . . . . . . . . . . . . . . . . . . . . . . .

 Date of Arrival: **. . ………….** October 2022; Date of Departure: **………. . .** October 2022

 **Young researcher: up to 35 years age: yes / no**

**Registration fee:**

Registration fee /for foreign participants/ **includes** attendance in all sessions, congress materials, welcome reception, folklore dinner, wine party, ***plus 3-night hotel accommodation***

 **Registration fee:** (before September 30th, 2022) EU **390.00** - Active Participant,

 EU **250.00** - Accompanying Person, EU **250.00** - Young Researchers

 (please, indicate/underline your status/corresponding fee)

 **Registration fee:** (after October 1st, 2022 and on site) **420.00** EU - Active Participant

 EU **250.00** - Accompanying Person, EU **250.00** - Young Researchers

 (please, indicate/underline your status/corresponding fee)

 **Payment Details/Method of Payment:**  **Bank Transfer:** yes / no - please, check appropriate

 **On site:** yes / no - you can pay your registration fee by credit card or cash upon arrival

 **Bank details, EUR:**

**Bank account: Trakia University**

**IBAN: BG22UNCR76303100117613** **BIC: UNCRBGSF** UniCredit Bulbank, Stara Zagora Branch

 Beneficiary: Name of the participant: **……………………………..**

 Payment for: Registration Fee for **SEEC** / **IMAB 2022**

 (Please, specify in the bank documents name and country of participants)