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|  |  | **IncoNet_-EaP_logo_RGB_for_web** |  | D:\Meerovskaya\Documents\БелИСА\Logo BelISA.png |

**STI Cooperation Network for Eastern Partnership Countries (IncoNet EaP)**

**Training for Horizon 2020 National Contact Points in Eastern Partnership countries**

Minsk, BELARUS, 14-15 April 2014

BonHotel, 2, Pritytskogo str.

Registration Form

|  |  |  |
| --- | --- | --- |
| 1 | Title (Ms., Mr., Prof., Dr.) |  |
| 2 | Family Name |  |
| 3 | First Name |  |
| 4 | Organisation / Company |  |
| 5 | Position / NCP area |  |
| 6 | Address |  |
| 7 | Post Code / City |  |
| 8 | Country |  |
| 9 | Phone Number, mobile |  |
| 10 | Fax Number |  |
| 11 | E-mail Address |  |

|  |  |  |
| --- | --- | --- |
| I need an official invitation to arrange participation in the training in my organization | [ ] yes | [ ] no |

I require reservation of a room at a hotel in Minsk. Please specify dates of arrival/departure

|  |  |  |  |
| --- | --- | --- | --- |
| Date of arrival to Minsk | Date of departure from Minsk  | Single room | Other requirements on accommodation (please, specify) |
|  |  | [ ]  |  |

**Please fill in the form and return it as soon as possible but not later than 3 April 2014 by email to Ms Katherine Skuratovich, BelISA,** **skuratovich@belisa.org.by****, tel/. +375 17 2094326.**