



Please fill in the registration form and send it to [gursregistration@acibademsistina.mk](mailto:gursregistration@acibademsistina.mk)  
You will be informed whether you have successfully completed the registration form and transaction within 24 hours.

## Registration form

First Name(\*):

Last Name(\*):

Institution:

Title:

E-mail(\*):

Retype e-mail:

Phone:

City:

Country:

Gender(\*):

Please choose your  
preferred method of  
communication(\*)

E-mail

Telephone

Allergies, Food Intolerance:



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## Credit Card Authorization Form CARDHOLDER INFORMATION

Name:

Billing Street Address:

Street Address (cont.):

City:

State:

Postal Code:

Country:

E-mail:

Address:

Direct Telephone:

## CREDIT CARD INFORMATION

Credit Card Type:    MasterCard    Visa

Number:

Expiration Month:

Expiration Year:

Security Code: CVV/CCV2

Amount to charge:    Full fee including bank commission    83\$  
                                      Reduced fee including bank commission    52\$

Cardholder Signature:

Date:

I authorized **Travel Agency OK Travel** to charge the agreed amount listed above to my credit card provided herein.

\* The reduced fee refers to residents and PhD students. Please attach a valid document which confirms the PhD/Resident status, together with your registration form.

**All information will remain confidential.**

For more information, updates and useful links, please visit the website  
<http://acibademsistina.mk/gursskopje2017/>