



Registration Form

Please return this form together with bank transfer confirmation to:

Georgian Respiratory Association
E-mail: gra@georanet.org.ge

Early bird registration: Deadline March 31, 2018

Participant's details

PLEASE USE BLOCK LETTERS

Data of Birth

DD MM YYYY

Title

Prof. / Dr / Mrs. / Ms / Mr.

Family Name

.....

First Name

.....

Company/Organization

.....

Mailing Address

.....

Postal Code

..... City

Country

.....

Telephone

..... E-mail.....

	Paid up to March 31, 2018	Paid from March 31, 2018
Active Participant	EUR 450	EUR 550
Accompanying Person Name:	EUR 50	EUR 80

Please indicate appropriate box

Payment details

All payment(s) should be made in EUR using bank transfer. Please indicate your name and invoice number on all money transfers, to ensure efficient handling.

Intermediary Bank: Commerzbank, Frankfurt, Germany; SWIFT: COBADEFF

Account with Institution: Bank of Georgia, SWIFT: BAGAGE22; 3, Pushkin Street, 0105, Tbilisi, Georgia

Beneficiary: Georgian Respiratory Association

Account: GE65BG000000178846300

Purpose of payment: GRA Congress registration fee