



REGISTRATION FORM

PLEASE FILL OUT AND SEND TO: office@aufraxbelgrade.com

TITLE – please tick:

Prof dr

Dr

Mr

Mrs

LAST NAME: _____

FIRST /GIVEN NAME: _____

INSTITUTION: _____

ADDRESS: _____

Mobile phone: _____

E-mail: _____

ACCOMMODATION FORM – HOTEL MAJESTIC

Period of stay: _____

Type of room – please choose one:

Single room

Double room (share with : _____)

Last name / First name

METHOD OF PAYMENT – please choose one:

BANK TRANSFER

CREDIT CARD

*Notice for bank transfer: we will send you bank instruction details.

*All bank charges without any costs for beneficiary.

*Notice for credit card payment – surcharge 3%

Card type:

Card holder name:

Card number:

Expire date:

CVC code:

Once we received payment on our account, we will send you confirmation of registration.

If you need more information, please contact Technical Organizer: **JET TRAVEL**, Kralja Petra 52, Belgrade, (381) 11 3284 845

office@aufraxbelgrade.com | [web: www.aufraxbelgrade.com](http://www.aufraxbelgrade.com)