

REGISTRATION FORM



COST Action CA16118 2nd Neuro-MIG Training Course

14- 15th December 2018, Novi Sad

Title (Mr/Mrs/Ms/Dr) etc:	
Family name:	
Given (first) name:	
Birth Date & Place:	
Affiliation Address and phone number	
Professional educational qualification (last degree / year / University):	
Current job title (residency / PhD / other):	
Describe the reason for your application and how the result will benefit you (max 150 words):	
Telephone number (mobile):	
Email address:	
<i>In order to help us to meet if specific dietary requirements are needed (health or religious reasons), please specify:</i> <i>In case of urgent matters whom to be contact (name and phone):</i>	