**REGISTRATION FORM**

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| --- | --- |
| **Academic Marketing****Timisoara, 7-11 May 2018** |[ ]  **Academic Project Management****Timisoara, 18-22 June 2018** |[ ]
| Full Name: |
|  |
| Email: |
|  |
| Phone number (including contry code): |
|  |
| Date of birth: |
|  |
| Gender: |
|  |
| City and country of residence: |
|  |
| Sending institution: |
|  |
| Position at sending institution: |
|  |
| Additional comments: |
|  |