**REGISTRATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **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: | | | |
|  | | | |