

EXHIBITION REGISTRATION FORM

For the 11th Symposium CRPA

„Ethics and culture in radiation protection“

Osijek, April 5th to 7th, 2017

Company: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Responsible person: _____

Number of persons planned to participate: _____

Their names: _____

Special demands/requests: _____

The amount paid by bank transfer:

Number of persons: _____ × 200 EUR

Exhibition space: _____ 200 EUR

Advertisement: _____ 200 EUR

Total:

For registration and all details about the **Technical exhibition** please contact:

Hrvoje Hršak, medical physicist
Department of medical physics
University Hospital Center Zagreb
Kišpatičeva 12,
HR-10000 Zagreb, CROATIA
Phone: +38512388780
+385989144644
Fax: +38512388779
E-mail: hhrsak@kbc-zagreb.hr