

# **HR PRACTICES, STRATEGIC AND ENTREPRENEURIAL CHALLENGES**

## **Registration Form**

### **PERSONAL DATA**

Title: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Position: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Town/City: \_\_\_\_\_

State / Province: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

VAT Number (*EU Citizens only*) \_\_\_\_\_

*For VAT exemption, EU citizens please provide us with your University/Organisation's VAT number*

### **YOUR PRESENTATIONSs**

*If not presenting and only attending, please proceed to AREAS OF EXPERTISE section*

Title(s) of Your Presentations(s)

### **AREAS OF EXPERTISE**

What are your primary areas of expertise?

### **CHAIRING A SESSION OR ACTING AS DISCUSSANT**

Would you agree to chair a session or act as discussant? \_\_\_\_\_

### **METHOD OF PAYMENT**

\_\_\_\_ **Bank Transfer:**                      **Total amount:** € \_\_\_\_\_

Please instruct your bank that EMRBI will need to receive clear and net the full amount of the invoice. So, so all bank charges should be paid and covered by the payee before the remittance is made.

*Note: You are kindly requested to specify your full name at your bank's transfer form in order to confirm your payment and email/fax us a copy of it as soon as the payment is being transferred.*

#### **Bank Details:**

Societe Generale Bank - Cyprus

Address: 20, Ayias Paraskevis Street, 2002 Strovolos, Nicosia, Cyprus

P.O. BOX: 25400, 1309 Nicosia, Cyprus

#### **Beneficiary:**

EuroMed Research Business Institute

P.O.BOX 17516

2435 Engomi NICOSIA

BIC: SOGECY2N

IBAN: CY28 0120 00034 00136 0060829 014

**Signature** ..... **Date** ..... / ..... /

**PLEASE RETURN A COPY OF THIS FORM (EITHER BY EMAIL OR FAX) AND YOUR PAYMENT TO ENSURE**

**PROPER RECORDING OF YOUR REGISTRATION**

**E-mail: [euromedac@gmail.com](mailto:euromedac@gmail.com)**

**Fax to: +357 22355116**