*FIRST CONGRESS OF THE BULGARIAN SOCIETY*

*OF FORENSIC MEDICINE*

*October 13-15, 2017, Bulgaria, Varna - St. St. Constantine & Elena,*

*Hotel “Estreya Residence”*

***REGISTRATION FORM***

*Please, fill the registration form and send it until September 01, 2017.*

*General information for participation:*

*Name:.............................................................. Last name:..........................................................*

*Institution/University/Hospital:....................................................................................................*

*Department:..................................................................................................................................*

*Address:........................................................................................................................................*

*Telephone:.................................................... e-mail:....................................................................*

*BSFM member: Yes.................................................. No.................................................*

*Participation with: Poster......................................... Oral presentation.............................*

*Topic:…………………………………………………………………………………………………….*

*Authors:…………………………………………………………………………………………………*

*Arrival (date):............................................. Departure (date):..................................................*

*Accomodation at hotel “Estreya Residence”:..............................................................................*

*Room type:………………………………………………………………………………………………….*

*Early participation fee up to September 01, 2017 – 50 EUR.*

*Late participation fee up to October 13, 2017 – 60 EUR.*

*Bank account for participation fee payment:*

*BSFM*

*Post bank BIC: BPBIBGSF*

*IBAN: BG73BPBI79401082230101*

*For further information: alexa2000@mail.bg*