

ICOM SEE Annual Conference REGISTRATION FORM

Dates: **7 – 8 May 2024**

Venue: **Museum of Kikinda, Kikinda, Serbia**

MAIN THEME: **Museums, Education and Research**

Personal Information:

Full Name: _____

Title/Position: _____

Institution/Organization: _____

Mailing Address: _____

City: _____ Postal Code: _____

Country: _____

Phone Number: _____

Email Address: _____

Conference Details:

Are you an ICOM member? (Yes/No) _____

If yes, please provide your ICOM membership number: _____

Will you be presenting at the conference? (Yes/No) _____

If yes, please provide the title of your presentation:

Special Requirements:

Do you have any dietary restrictions or special requirements? (Yes/No) _____

- If yes, please specify: _____

Do you require any accessibility assistance? (Yes/No) _____

If yes, please specify: _____

Payment Information:

Conference fee is 50€.

Please transfer the fee to ICOM SEE account until 30 April 2024:

IBAN: FR76 3005 6005 1105 1100 5016 715

BIC: CCFRFRPP

Reference: Conference 2024

Banking domiciliation: HSBC FR PARIS CBC ICOM SEE

Declaration:

By signing below, I confirm that the information provided in this application form is accurate and complete. I understand that my participation in the ICOM SEE Annual Conference is subject to acceptance and compliance with the conference terms and conditions.

Signature: _____

Date: _____

Please submit this completed form to icomsee00@gmail.com by 31 March 2024. For any inquiries or assistance, please contact icomsee00@gmail.com.