KM
IRAN 2011

Registration Form

First Name (Mr./Mrs./Ms): _____

Surname: _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____ Father's Name: _____

Passport #.: _____

Date of Issuance: _____ Expiration Date: _____

Place of Visa to be Issued: _____ Duration of Stay in Iran: _____

Last Date of Entry to Iran: _____ Employer: _____

Position: _____ Phone: _____

Fax: _____ Mobile: _____

E-mail: _____ Website: _____

Address: _____

P.O.Box: _____ Postal Code: _____

Special Requirements (specific dietary, wheelchair access or other requirements):

_____

Registration Fee

Registration Type	Fee (Euro)	Fee (USD)
Single	1,300	1,800
Group Registration (3 or more Delegates)	1,150	1,600
Conferences attendance only	550	770
Virtual Participation	200	280

Registration Type ☐ Single ☐ Group (3 or more) ☐ Conferences attendance only ☐ Virtual Participation

Registration Fee: _____ Date: _____ Bank Draft: _____

Bank Account: Bank Mellat, Iran
Branch Code: 6516/9
Account #: 94613531
Tel.: +9821 88719948

Bank Branch: Dr. Beheshti, Tehran
Add.: Vozara St., Dr. Beheshti Ave., Tehran, Iran
Account Holder: KM Conference
Fax: +9821 88712115

Date: _____ Signature: _____