



5th Saint Petersburg REVA Conference on Equine Veterinary Medicine

3-4 May, 2009

LENEXPO, Saint Petersburg, Russia

APPLICATION & REGISTRATION FORM

to be returned by fax to: +7 (495) 945 63 86

PARTICIPANT

Last name:	
First name:	Middle name:
Passport No.:	Date of expiry:
Address:	
City:	Post Code:
Country:	
Telephone:	Fax:
Mobile:	e-mail:

I, hereby, ask to be registered for participation in the 5th Saint Petersburg REVA Conference on Equine Veterinary Medicine and agree to pay registration fee according to the details below:

ADVANCE REGISTRATION (the rates are quoted in Euro).
Please, tick [x] applicable amount and complete total sum.

Status of the participant	Conference Fee
<input type="checkbox"/> Participant	150 Euro [<input type="checkbox"/>]
<input type="checkbox"/> Student	100 Euro [<input type="checkbox"/>]
<input type="checkbox"/> Accompanying person	40 Euro [<input type="checkbox"/>]

Accompanying person's name*:

* Accompanying persons are required to fill in their own application forms in addition.

Total amount:Euro

BANK DETAILS FOR PAYMENT OF REGISTRATION FEE:

Beneficiary:

Equicentre EZ Ltd.
acc 40702978700151002904

Bank of Beneficiary:

with Volgogradskiyi office of JSCB Moscow Industrial Bank (SWIFT: MINN RU M1015)

Bank-Correspondent:

acc 499/0812769411 with Dresdner Bank AG, Frankfurt am Main (SWIFT: DRES DE FF)

Date & place.....Signature.....