

**THE INTERNATIONAL (THIRD ALL-UKRAINIAN) CONGRESS  
ON MEDICAL LAW, PHARMACEUTICAL LAW, BIOETHICS AND SOCIAL POLICY  
Kyiv, 19-21 April, 2012**

**THE PARTICIPANT REGISTRATION FORM**

Surname _____	Name _____
Affiliation _____	
Position _____	
Address _____	
Telephone _____	Fax _____
E-mail _____	
Report Title: _____	
_____	

I would like to:

- participate at the Congress ☐;
- participate at the Congress and submit the abstract ☐;
- participate at the Congress, submit the abstract and make an oral presentation ☐;
- participate at the Congress, submit the abstract and make a poster presentation ☐.

I will need the following equipment for the presentation:

- a slide projector ☐.
- a multimedia ☐.
- a white-board ☐.
- a flip-chart ☐.

I would like to take part in the social program (reception, tours around Kyiv and Ukraine) suggested by the organizers:

- reception ☐.
- tour around Kyiv on April 21, 2011 ☐.
- special tour program on April 22, 2012 ☐.

I will need assistance in the hotel reservation:

- yes ☐ \_\_\_\_\_ (please, specify the dates which you need the hotel reservation for):  
single room ☐ ; double room ☐.
- no ☐.

Your personal data will be kept confidential in accordance with the current legislation of Ukraine and will not be given to third persons for marketing purposes.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature