



Hrvatska Udruga Medicinske Sterilizacije



World forum for Hospital Sterile Supply



International Annual Symposium and Scientific Workshop on the topic: "Sterilization and Disinfection in Medical Institutions"

Croatian Association for Hospital Sterile Supply
25 - 28 March 2009
Opatija, Croatia

**REGISTRATION FORM FOR BOOKING OF PARTICIPATION
IN THE SYMPOSIUM**

Name and Surname: _____

Profession: _____

Institution: _____

Position: _____

Address of the institution, country: _____

Contact persons (mobile, fax, e-mail): _____

Please, with the registration form fill in the questionnaire (see below).

Hotel accommodation is secured in the Milenij hotels, Opatija.

The accommodation price from 25 - 28 March 2009 per person amounts to € 294.

Price for additional night BBK is € 80.

The amount of the participation fee is € 200 for registrations and payments made by 15th February 2009.

The amount of the participation fee for registrations and payments made after 15th February 2009 is € 220.

Please, the filled registration forms send to:

e-mail address vturcic@kbc-zagreb.hr, cc. info@zik90.hr, by fax or post mail to:

[KBC Zagreb](#)
[Služba za sterilizaciju i DDD](#)
[Kišpatičeva 12, Zagreb](#)
[Tel/Fax: + 385 1 2388 137](#)

Please make your payment to:

For participants from Croatia:

Hrvatska udruga medicinske sterilizacije
Savska 41/7
10 000 Zagreb
Hrvatska
MB 1180789

Raiffeisen bank Austria d.d.
Petrinjska 59
10 000 Zagreb
Hrvatska
ŽR: 2484008-1104917284

For participants from abroad:

Hrvatska udruga medicinske sterilizacije
(Croatian Association for Hospital Sterile Supply)
Savska 41/7
10 000 Zagreb
Croatia

Raiffeisen bank Austria d.d.
Petrinjska 59
10 000 Zagreb
Croatia
SWIFT: RZBHR2X
IBAN: HR5824840081104917284

By payment please specified:

1. the registration fee (up to 15.02. or since 15.02.2009.)
2. accommodation at the hotel from 25.-28.03.2009.
3. additional night or nights (date/s)

Due to a large interest and the limited number of participants please return the filled in registration form soonest possible.

Date:

Signature:

Questionnaire for Participants

1. As a representative of the Association - contry _____,
I want to participate in the work Intersectional meeting.

YES

NO

2. I will attend the opening ceremony.

YES

NO

3. On Saturday, 28 03.2009. from 09:30 to 11:00, I want to participate

a) Round table

b) at a workshop for other participants.

4. I want to go on a trip 27.03.2009. At 14:00h.

YES

NO

5. I want to attend the gala evening.

YES

NO

Please fill out this questionnaire and send it to us together with the registration form!