**Registration Form for Exhibition**

Thank you kindly complete the form.

Fields marked with (\*) are required.

Bas du formulaire

|  |  |
| --- | --- |
| Name\* |  |
| First Name \* |  |
| Function\* |  |
| Institution \* |  |
| Activity Field |  |

|  |  |  |
| --- | --- | --- |
| Corresponding author\* | City : | Zip code: |
| Province: |  | Country : |  |

|  |  |
| --- | --- |
| Tel\*  |  |
| Fax  |  |
| E-mail\*  | **@** |

**Booth Type Option Choice**\***:**

|  |  |
| --- | --- |
| Option A (6 SQM Stand 3x2) [ ]  | Option B (8 SQM Stand 4x2) [ ]  |
| Participation Fees: 20 000 DA |   |

**Exhibitors**\*

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|  |

Date:/ /2018