**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**\*

|  |
| --- |
|  |

Date:/ /2018