

REGISTRATION FORM

Conference on cross-border cooperation of Austria, Croatia, Italy, Hungary and Slovenia

FIRST AND LAST NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

The number of places available at the conference is limited. Places will be allocated on a first-come, first-served basis.

I WOULD LIKE TO REGISTER FOR:

EVENT: Conference on cross-border cooperation of Austria, Croatia, Italy, Hungary and Slovenia

DATE: WEDNESDAY, 16 September 2009, 10 am

REGISTRATION:

Registration forms should be returned no later than Friday, **10 September 2009** either via website www.ozs.si to e-mail address: opis@ozs.si, by fax: **00386 (0)1/583 05 60** or by post: **Obrtno-podjetniško izobraževalno središče, Celovška 71, 1000 Ljubljana.**

As soon as your registration form has been received, you will be informed of the conference in detail by e-mail and the ticket to the 42nd International Trade Fair in Celje will be sent to you by post.

INFORMATION:

Barbara Vrhovnik, head of education projects, phone: 00386 (0)1/ 583 08 08, e-mail: barbara.vrhovnik@ozs.si, or **Amra Škrgić**, phone: 00386 (0) 1/583 05 81, e-mail: amra.skrgic@ozs.si.