



**REGISTRATION FORM**  
**(Please use block letters)**

Surname: \_\_\_\_\_

Name: \_\_\_\_\_

Passport number: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Position: \_\_\_\_\_

Names of people

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Participation as delegate (s) Yes \_\_\_\_\_ No \_\_\_\_\_

Title of paper: \_\_\_\_\_

Required presentation facilities: \_\_\_\_\_

Participation in Business Forum (s) Yes \_\_\_\_\_ No \_\_\_\_\_

Presentation of Commercial Presentation(s) Yes \_\_\_\_\_ No \_\_\_\_\_

Title(s): \_\_\_\_\_

Please send this form as soon as possible to the address below. Thanks.

[diver2017@icidca.azcuba.cu](mailto:diver2017@icidca.azcuba.cu)

For more information please visit: <http://www.icidca.azcuba.cu>