**5. MONTENEGRO WATER CONFERENCE**

9–11 October, 2024. year, Hotel „Mediteran“, Budva

**REGISTRATION FORM**

**Participant**

Name:

Last name:

Function:

Contact phone:

E-mail:

**Institution**

Name of institution:

Tax ID:

Address:

Contact phone:

E-mail:

**Specify:**

Arrival date: \_\_\_\_\_\_\_\_10/2024

Departure date: \_\_\_\_\_\_\_\_10/2024

Filed Registration form send until 05. 09. 2024. year on e-mail adress: [udruzenjevikcg@t-com.me](mailto:udruzenjevikcg@t-com.me)