

REGISTRATION FORM

The 18th International Conference on Web Information Systems Engineering (WISE 2017)

The 6th International Conference on Health Information Science (HIS 2017)

Personal Information: Please fill out one form per attendee

1. Paper ID: _____
2. Paper Title: _____
3. Workshop Type: WISE HIS
4. Title: _____ First name: _____ Last name: _____
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6. Gender: Male Female
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10. Language of the invitation letter from the Organizing Committee
for obtaining a Russian visa: English Russian

Signature: _____

Date: _____

Payment Transfer Information

Registration Fee: (USD) 600 (300 for students)

Beneficiary: ANE ICPT, INN 5037002412

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Details of payment: Registration fee WISE/HIS for (your name, paper ID_ *workshoptype*)

Please email the scans of the registration form and the payment slip to:

Maria Berberova [maria.berberova@gmail.com] and

Prof. Stanislav Klimenko [stanislav.klimenko@gmail.com]

with mail title: *[Your paper ID_ workshoptype]* registration form for WISE/HIS