



REGISTRATION FORM

Name and surname: _____

Date of birth: ____/____/____

Place of birth: _____

Residence Address: _____

ID card: _____ Serial No. _____

Personal Number Code: _____

Issued by: _____

Phone _____ E-mail _____

Studies (and the institution graduated) _____

Profession _____

Position: _____

Institution you represent (where applicable) _____

For invoice per legal person (in the case of payment by the institution you represent/employer):

Address: _____

Fiscal Code: _____

Bank Account: _____

Bank: _____

Phone number: _____ E-mail: _____

Payment:

- a) The cash desk of the faculty (cash or card), or
- b) Online payment through the UBB platform, or
- c) Bank transfer in the UBB account) _____

Please accept my admission to the course(s):

- Fundamentals of Negotiation**
- Advanced Negotiation Training**
- Understanding Conflict**
- Effective Conflict Resolution**

of the College of Political, Administrative and Communication Sciences, Department of Administration and Public Management

Note - I declare on my own responsibility that the data filled in the registration form is in line with reality

Data/Date

Semnătura/ Signature