APPLICATION FORM

**ZPGPS 2022 PROFFESIONAL DAY**

**PARTICIPANT:**

Name and surname:

Address (street, postal code, city):

Phone number:

E-mail address:

Occupation/field of activity:

**INFORMATION FOR ISSUING INVOICE** (in case the fee is payed by institution):

Name of institution:

Address (street, postal code, city):

Tax number:

**PLAČILO KOTIZACIJE:**

The registration fee, which amounts to 50 EUR, is paid to TRR: SI56 6100 0002 0140 845 (Delavska hranilnica d.d.) with the note (purpose): Seminar 2022.

Send the completed and signed application form to **info@****zpgps.si**

**YOUR APPLICATION IS VALID AFTER PAYMENT OF THE REGISTRATION FEE.**

By signing, I allow my personal data provided in this application form to be used for record keeping and information in connection with the implementation of this training for which I am applying. The provided data will be used in accordance with the applicable legislation on the protection of personal data.

Date: Signature: