



International

Royal Society for the Prevention of Cruelty to Animals
 External Affairs Department
 Wilberforce Way, Southwather, Horsham
 West Sussex RH13 9RS
 Tel: +44 (0) 1403 793 266 fax: +44 (0) 1403 238 266
 e mail: gthomas@rspca.org.uk



University St "Cyril and Methodius"
 Faculty of Veterinary Medicine
 Lazar Pop-Trajkov 5/7, 1000 Skopje
 R. of Macedonia
 tel: +389 2 3240710 fax: +389 2 3114-619
 e mail: vilieski@fvm.ukim.edu.mk

REGISTRATION FORM

Name _____ Surname _____
 Profession _____ Title _____
 Institution _____
 Address _____ Country _____
 Telephone _____ Fax _____
 e-mail _____

I would like to participate in the workshop: (please underline)

1. *“Animal Welfare: the European Framework”*
2. *“The 3Rs concept – The Legal Framework on the protection of laboratory animals”*

 signature

Please inform us if you have any special dietary requirements.

TRAVEL INFORMATION

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I will arrive in Skopje/Ohrid airport			I will departure from Skopje/Ohrid airport		
Date	Time	N° Flight	Date	Time	N° Flight

PLEASE FILL OUT THIS FORM AND SUBMIT BY FAX, MAIL OR E-MAIL TO:

 UNIVERSITY "Ss. CYRIL AND METHODIUS"
FACULTY OF VETERINARY MEDICINE- SKOPJE
 Lazar Pop-Trajkov 5-7, 1000 Skopje, tel: +389 2 3240710 fax: +389 2 3114-619
vilieski@fvm.ukim.edu.mk