**REGISTRATION FORM**

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| --- | --- |
| Company name |  |
| First name, Surname |  |
| Post |  |
| Phone |  |
| Mobile phone |  |
| E-mail |  |

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| **1st Participant**  First name, Surname (eng & rus) / Mobile phone / E-mail : | **Participation in the Congress is free** |
|  |
| **2nd Participant**  First name, Surname (eng & rus) / Mobile phone / E-mail : |
|  |
| **3rd Participant**  First name, Surname (eng & rus) / Mobile phone / E-mail : |
| |  |  | | --- | --- | |  |  | |

Completed registration form please send to: info@congress-glonass.ru

For questions: +7 (495) 766-51-65; +7 (495) 988-47-10