MINISTERY OF AGRICULTURE OF THE RUSSIAN FEDERATION
Federal State Budgetary Educational Institution of Higher Education
KUBAN STATE AGRARIAN UNIVERSITY

NAMED AFTER I. T. TROBILIN

**PARTICIPANT REGISTRATION FORM**

**I INTERNATIONAL FORUM**

**OF FOREIGN ALUMNI 1950 – 2000**

May 27 – June 02, 2019

|  |  |  |
| --- | --- | --- |
|  | Last Name |  |
|  | Name(s) |  |
|  | Patronimic Name |  |
|  | Country of Origin |  |
|  | Date of Birth |  |
|  | Faculty |  |
|  | Year of Graduation |  |
|  | Residential Address *(city, street name, house/apt. number if any)* |  |
|  | Telephone (mobile phone) |  |
|  | Email |  |
|  | Place of Work |  |
|  | Position |  |
|  | Family Members |  |
|  | Attendance of a professional development course during the Forum *(certificate of attendance will be provided)* |  | Yes |
|  | No |
|  | A Copy of Signed Agreement |  |
|  | Classmates names and their current contacts *(email, phone number*) (so that we could send them information about the Forum) |  |
|  | Whom of your former professors you would like to meet at the Forum? |  |