**REGISTRATION FORM**

**JUST/2013/JPEN/AG/4495**

**Social reintegration of sentenced persons: a comprehensive European approach**

|  |
| --- |
| **INFORMATION ON THE PARTICIPANT(S)** |

**Surname:**

**First name:**

**Institution of origin:**

**Function :**

**Telephone number :**

**E-mail :**

**Level of knowledge of judicial cooperation in criminal matters instruments:**

Beginner

Intermediate

Advanced

**Mode of transportation:**

plane  train  private car

**Bank details for the refund of the per diem/ for the refund of the transport:**

Bank account holder:

Bank details (name and full address) :

IBAN:

BIC / SWIFT:

Account number :

**Availability to attend:**

|  |  |  |
| --- | --- | --- |
| Seminar | Period | **Check** |
| Seminar 4 | 16 – 18 September 2015 |  |
| Seminar 5 | 7 – 9 October 2015 |  |
| Seminar 6 | 26-28 October 2015 |  |