

## REGISTRATION FORM

Surname \_\_\_\_\_ First name \_\_\_\_\_

Institution \_\_\_\_\_

Title of the talk \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Date of arrival \_\_\_\_\_ Date of departure \_\_\_\_\_

## VISA REQUEST FORM

Date of birth \_\_\_\_\_

Nationality \_\_\_\_\_

Sex \_\_\_\_\_

City of the Russian Consulate where visa to be issued

\_\_\_\_\_

Passport No. \_\_\_\_\_

Validity to \_\_\_\_\_

First page of the passport to be sent by fax ( 7 09621 65599 or 7 09621 65891)