School of Professional and Continuing Studies

## **Registration form**

for enrollment in the short-term course:

"ADHD - theory and practice" Date/s:

Date/s:		
Personal information		
Name		
Middle name		
Surname		
Faculty number (for current students or alumni of NBU)		
Gender	м ж	
ID number (ΕΓΗ)		
District		
Town/ Village		
CORRESPONDENCE ADDRESS		
Post Code		
Town/ Village		
Neighborhood		
Street, number		
	Block entr. floor: ap.	
Telephone		
e-mail		
Data for issuing an invoice:		
Получател:		
Address		
Material responsibl	e person:	
Identification numb	per:	
VAT ID number:		

We inform you that the NBU is a personal data administrator and the personal data provided by you will be processed for the purposes mentioned in the Privacy and Personal Data Protection Policy published on <a href="https://gdpr.nbu.bg/">https://gdpr.nbu.bg/</a>

Date:	
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