



### Registration form

for enrollment in the short-term course:

„Autism Spectrum Disorders - theory and practice“

Date/s:

### Personal information

|   |  |
|---|--|
| Name  |  |
| Middle name   |  |
| Surname   |  |
| Faculty number<br>(for current students or alumni of NBU) |  |
| Gender  | M <input type="checkbox"/> Ж <input type="checkbox"/>  |
| ID number (EFH)   |  |
| District  |  |
| Town/ Village   |  |
| <b>CORRESPONDENCE ADDRESS</b>                             |  |
| Post Code   |  |
| Town/ Village   |  |
| Neighborhood  |  |
| Street, number  |  |
|   | Block <input type="checkbox"/> entr. <input type="checkbox"/> floor: <input type="checkbox"/> ap. <input type="checkbox"/> |
| Telephone   |  |
| e-mail  |  |

### Data for issuing an invoice:

|                              |  |
|------------------------------|--|
| Получател:                   |  |
| Address                      |  |
| Material responsible person: |  |
| Identification number:       |  |
| 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 <https://gdpr.nbu.bg/>

Date: .....

! Please, send the completed application form to [uppo@nbu.bg](mailto:uppo@nbu.bg)