



Registration form

for enrollment in the short-term course:

„Interviewing Adults in Medical Practice“

Date/s:

Personal information

Name	
Middle name	
Surname	
Faculty number (for current students or alumni of NBU)	
Gender	M <input type="checkbox"/> Ж <input type="checkbox"/>
ID number (EFH)	
District	
Town/ Village	
CORRESPONDENCE ADDRESS	
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