

Preliminary Registration Form

THE 11th INTERNATIONAL CONFERENCE OF JORDANIAN GEOLOGISTS ASSOCIATION

October 22-24, 2024

Amman-Jordan

Family Name:..... Name:.....

Title: Prof. Dr. Eng. Mr. Ms Mrs.

Institution:.....

Address:.....

City:.....Postal Code:.....

Country/State:.....

E-mail:.....

Phone:..... Fax:.....

I would like to participate in the symposium with:

Oral presentation

Poster presentation

Others (Identify:.....)

Topics of interest: Please indicate the symposium topic number (.....)

Panel disc. of interest: Please indicate the panel topic number (.....)

Title of the paper

.....

.....

.....

Symposium Fees: 300 Euro

Contact Address Dr. Ghaleb Jarrar

Fax: + 962-6-5348932

P.O. Box: 13633

Postal Code: 11942 Amman-Jordan

Tel.: + 962-6-5652310

e-mail: jarrargh@ju.edu.jo

kshawabkeh65@gmail.com

Home page: <http://jga.org.jo>

Date:..... Signature:.....