



Univerza v Mariboru

Fakulteta za organizacijske vede

Accredited by:



EUROPEAN
COUNCIL FOR
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REGISTRATION FORM
For the 2nd International Case Study Competition
UM Faculty of Organizational Sciences, 20. - 22.3.2012

Faculty: _____

Team name: _____

Team members:

1. Name and surname: _____
2. Name and surname: _____
3. Name and surname: _____
4. Name and surname: _____
5. Name and surname: _____

Team leader:

Name and surname: _____

Contact information (e-mail / phone): _____

Short summary of your expectations in regard to the case study competition:

Date: _____

Signature of the team leader: _____