



**15-th anniversary of the foundation of the National Section - IPA North Macedonia and
7- th May, Macedonian Police Day
07-10 May 2026
Hotel “Aleksandar Palace”- Skopje
<https://aleksandarpalace.com.mk/>**

REGISTRATION FORM

NAME	<input type="text"/>	SURNAME	<input type="text"/>		
IPA SECTION	<input type="text"/>	ADDRESS	<input type="text"/>		
E-MAIL	<input type="text"/>	TELEPHONE	<input type="text"/>		
ARRIVAL DATE	<input type="text"/>	ARRIVAL TIME	<input type="text"/>	FLIGHT NUM.	<input type="text"/>
DEPARTURE DATE	<input type="text"/>	DEPARTURE TIME	<input type="text"/>	FLIGHT NUM.	<input type="text"/>

ACCOMODATION

TYPE OF ROOM	<input type="text" value="SINGLE / DOUBLE"/>	SHARING WITH	<input type="text"/>
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Another special requirement:

NOTES:

Accommodation is in hotel “Aleksandar Palace”- Skopje and the cost per participant is 390 euros in double room or 490 euros in single room. The price includes accommodation with all the meals, Gala dinner, excursion, tickets, work material and transfers from and to the International Airport Skopje to the Hotel. Please note that the above costs are per person.

Registration form to be sent no later than Monday, April 20, 2026.



МЕЃУНАРОДНО ПОЛИЦИСКО ЗДРУЖЕНИЕ – ОДДЕЛ МАКЕДОНИЈА
INTERNATIONAL POLICE ASSOCIATION – SECTION NORTH MACEDONIA
www.ipa.mk & ipa@ipa.mk



PAYMENT DEPOSIT: Together with the registration form a deposit of 150 Euros must be transferred by 20 April 2026. Note: The deposit is NOT refundable!

Note: All bank charges (both for sender and recipient) must be paid by the sender.

SENDING THE REGISTRATION FORM AND THE PAYMENT RECEIPT (S): The registration form and the payment receipt (s) of booking fee and full payment must be forwarded by electronic mail to: ipa@ipa.mk.

BANK ACCOUNT INFORMATION:

TITLE: IPA NATIONAL CONGRESS 2026

BENEFICIARY: IPA-MAKEDONIJA

BENEFICIARY ADDRESS: Skopje Dimche Mirchev bb Skopje (N.Macedonia)

BANK NAME: NLB Banka AD Skopje

IBAN: MK07210722000049925

SWIFT: TUTNMK22

REFERENCE: IPA Section and your family name.

FULL NAME: _____

PASSPORT NUMBER/ ID/ NIF / NIE : _____

PLACE: _____

DATE: _____

SIGNATURE: _____