



**INTERNATIONAL  
POLICE ASSOCIATION  
ROMANIAN SECTION**



**REGISTRATION FORM YPOS 2025  
10 -15 NOVEMBER 2025  
BUCHAREST, ROMANIA**

**YOUR FAMILY NAME**

**YOUR FIRST NAME**

**YOUR DATE OF BIRTH**

**YOUR GENDER**

MALE      FEMALE

**YOUR HOME ADDRESS**

**YOUR PASSPORT NUMBER**

**YOUR IPA MEMBERSHIP ID**

**YOUR NATIONAL IPA SECTION**

**YOUR MOBILE PHONE**

**YOUR EMAIL**

**ACCEPTANCE TO SHARE DATA IN RELATION YPOS 2025 WITH PARTICIPANTS AND ORGANISER**

YES

NO

**ACCEPTANCE TO PHOTOGRAPHS FOR IPA PROMOTION ON SOCIAL MEDIA**

YES

NO