**Registration**

|  |  |  |
| --- | --- | --- |
| **LAST NAME**  **First name:** |  | |
| Academic degree/ title: |  | |
| Institution (name, faculty/  Department): |  | |
| Phone: |  | |
| Email: |  | |
| Postal address: |  | |
| Payment receipt and invoice information  (Please, fill in only the column which indicates the payer) | Private person  First Name:  Family name:  Address: | Company  Full name of Company:  Address:  Contact information:  Unique Identification Number: |
| **Title of the abstract:** |  | |
| Equipment: | Please tick off:  **laptop**  **overhead projector**  Others: | |
| Vegetarian meals | Please tick off:  **YES**  **NO** | |
| Others: |  | |
| Abstract (up to-300 words): | | |