REGISTRATION FORM

|  |  |
| --- | --- |
| Surname  Name |  |
|  |
| Academic Degree |  |
| Workplace |  |
| Position |  |
| Address |  |
| Phone |  |
| E-mail |  |
| Title of Article (1) |  |
| Title of Article (2) |  |
| Form of Participation | intramural  extramural |