



**REGISTRATION FORM**



The Registration Form is intended for one person only. In order to participate in the Conference, please submit your completed the Registration Form by e-mail to: [**pbc@ilot.edu.pl**](mailto:pbc@ilot.edu.pl) or by regular post to the correspondence address provided.

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| Name\* |  |
| Surname\* |  |
| Scientific Title |  |
| Position |  |
| Name of Institution and address\* |  |
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| E-mail address \* |  |
| Contact Telephone No.\* |  |

\* the field is required

**Participation in the Conference (tick where necessary):**

- Submission of abstract, presentation of paper and publication   
after acceptance by the Organizing Committee   
  
- Submission of abstract and publication of paper (without presentation)

after acceptance by the Organizing Committee

- Participation in the Conference (without submission of paper)

Proposed title of paper (concerns persons submitting abstracts for presentation) …………………………………………………………………………………………………................................................

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If you suffer from any allergies or you have any dietary restrictions please inform us

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