



## REGISTRATION FORM

(Please email to the conference administrator [fyzisssi@savba.sk](mailto:fyzisssi@savba.sk) before October 15, 2022)

(Please cross out inappropriate options)

**Title:** Prof./ Assoc. Prof./ Dr./ PhD.Student/

**First Name:**.....

**Surname:**.....

**Institution:** .....

**Contact address** .....

Postal Code: .....Country:.....

Tel.:..... Email:.....

**Address for exact issue of an invoice** (please consult it with your economy department):

**VAT No. (IČ DPH):**.....

**Preliminary title of the contribution:**

**Preferred style of the presentation:**

Lecture       Poster

**Reservation of seats in the conference bus Bratislava-Smolenice (0-5):**.....  
(see information in section News)

**I intend to take part on the conference trip:**   
(see information in section Program )

**I intend to take part on the Visit of ballet  
in the Slovak National Theatre in Bratislava**   
(see information in section Program )

**I intend to register the paper in the competition  
of young scientists under 35 years old**   
(see information in section Program )

**I intend to register the paper in the  
competition of university students**   
(see information in section Program )



## REGISTRATION FORM

**Special requirements:** *List of accompanying persons (name, surname), indicate please any special dietary requirements or other comments*

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**Short abstract:** .....

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Date: .....Signature:.....