



REGISTRATION FORM

(Please email to the conference administrator fyzisssi@savba.sk)

(Please cross out inappropriate options)

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

First Name:

Surname:

Institution:

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Contact address:

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Postal Code: **Country:**

Tel.: **Email:**

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

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VAT No. (IČ DPH):

Preliminary title of the contribution:

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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, price approximately €50)

☐

I intend to take part on the Visit of ballet in the Slovak National Theatre in Bratislava

(see information in section Program, price approximately €30)

☐

I intend to register the paper in the competition of young scientists under 35 years old

(see information in section Program)

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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:.....