



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:

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: ☐
(Castle Cerveny Kamen see information in section Program,
price approximately €50)

**I intend to take part on the Visit of musical “Moses”
in the Theatre Nova Scena in Bratislava** ☐
(see information in section Program, price
approximately €50)

**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:.....