REGISTRATION FORM

(if posted please type or use BLOCK LETTERS)

I. Last name and title (e.g. Prof., Dr, ...):.....

First name(s):.....

Affiliation:.....

Postal address:.....

Town with postal code.....

Country.....

Phone .....Fax .....

E-mail: .....

Nationality:.....

Number of accompanying persons:.....

II. Contribution: Y/N

If yes, please give title:.....

Panel discussion contribution: Y/N

If yes, please give title: .....

I would like to display a poster: Y/N

III. Payment:

Prepayment by bank money transfer (please fax or mail a copy of receipt): Y/N

Conference fee: .....

Accommodation: .....

Accompanying person: .....

Total:.....

I will pay the conference fee upon the arrival: Y/N

IV. Accommodation preferences:

HOTEL VERA sing/doub

date of arrival:

date of departure:

no of nights:

HOTEL GROMADA sing/doub

date of arrival:

date of departure:

no of nights:

please indicate time of your arrival if very late

HOSTEL PAN sing/doub

date of arrival:

date od departure

no of nights

HOSTEL HERA sing/doub/

date of arrival:

date of departure:

no of nights:

I can share room: Y/N (if yes please indicate roommate's name if preferred)

Special requests:

E-mail: CONF@SLCJ.UW.EDU.PL
Phone: (+48-22)-822 2123 or (+48-22)-658 2021
Fax: (+48-22)-659 2714

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