**PARTICIPANT REGISTRATION FORM**

|  |  |
| --- | --- |
| Full name of the participant |  |
| Organization |  |
| Section (name) |  |
| Position, academic degree, title |  |
| Address (for forwarding the collection of abstracts and articles) |  |
| Date and year of birth |  |
| Phone, fax, E-mail |  |
| Title of the report |  |
| Abstract (up to 200 words) |  |
| Participation form  *(in person, remote)* |  |