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**REGISTRATION FORM OF THE PARTICIPANT**

|  |  |
| --- | --- |
| Name, surname |  |
| Affiliation |  |
| Scientific Degree (year) or expected year of graduation |  |
| E-mail |  |
| Title of abstract (s), scientific session # and preferable type(s) of presentation (O – oral, P – poster) |  |
| Participation in the Intra-conference field trip; please indicate the accompanying person if needed |  |
| I want to participate in the pre- or post-conference field trip; please indicate the accompanying person if needed |  |