REGISTRATION FORM

PLEASE complete ALL sections of the form in English language:

|  |  |
| --- | --- |
| First name, patronymic name, surname name |  |
| Title of the report (or without report) |  |
| Country, city |  |
| Full name of a place of employment |  |
| Full name of a department \ a chair \ a division |  |
| Position |  |
| Science degree \ post graduate degree |  |
| E-mail |  |
| Format of participation (in-person or online) |  |
| Address |  |
| Telephone number |  |