

REGISTRATION FORM

NAME, SURNAME					
AFFILIATION					
INSTITUTION					
ADDRESS					
TELEPHONE					
E-MAIL					
ORAL PRESENTATION	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
TITLE OF ABSTRACT					
POSTER	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
TITLE OF ABSTRACT					
PAYMENTS					
MEETING	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> kn
FIELD TRIP	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> kn
	Total payment kn				
CERTIFICATE OF PAYMENT	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
SIGNATURE					