



REGISTRATION FORM

(Please email to the conference administrator fyzisren@savba.sk)

(Please cross out inappropriate options)

Title: Prof./ Assoc. Prof./ Dr./ PhD.Student/

First Name:.....

Surname:.....

Institution:

Contact address

Postal Code:Country:.....

Tel.:..... Email:.....

Address for exact issue of an invoice (please consult it with your economy department):

VAT No. (IČ DPH):.....

Preliminary title of the contribution:

Preferred style of the presentation:

Lecture Poster

I intend to take part on the conference trip:
(see information in section Program)

**I intend to take part on the Visit of ballet or opera
in the Slovak National Theatre in Bratislava**
(see information in section Program)

**I intend to register the paper in the competition
of young scientists under 35 years old**
(see information in section Program)

I am interested in accommodation at Hotel Suza

alone in the room /60€/person/night/
+7€ breakfast

share a room /30€/person/night/
+7€ breakfast



REGISTRATION FORM

Special requirements: *List of accompanying persons (name, surname), indicate please any special dietary requirements or other comments*

.....

Short abstract:

.....

.....

.....

.....

Date:Signature:.....