**APPLICATION FOR PARTICIPATION**

|  |  |
| --- | --- |
| **PERSONAL DATA** | |
| **Surname:** |  |
| **Name:** |  |
| **Institution:** |  |
| **Address:** |  |
| **City:** |  |
| **Zip Code:** |  |
| **Phone:** |  |
| **Fax:** |  |
| **e-mail:** |  |
| **Accompanying person**  (Name and surname) |  |

|  |  |
| --- | --- |
| **MODE OF PARTICIPATION** | |
| **Preferred form of presentation**  Oral or poster\* |  |
| Without presentation |  |
| **Exclusively in person** |  |
| **Exclusively virtual** |  |
| **In person but, if it is not possible, virtual** |  |

\*Scientific and Professional Committee reserves the right to the final decision about the form of presentation

**The participant agrees that the personal data collected and processed will be used exclusively for the organization and Conference purposes.**