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**REGISTRATION FORM**

**Name and last name of the conference participant:**

**…………………………………………………………………………………………………………..**

**Position/title:**

**……………………………………………………………………………………………………………**

**Student/doctoral student: yes/no**

**Conference participant contact information (email, phone number):**

**...........................................................................................................................**

**University/institution data:**

**...........................................................................................................................**

**Preferred form of presentation (paper/poster): ……………………………………………...**

**Title of paper/poster: ……………………………………………………………………………………………………………**

**Invoice data:**

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**Please submit additional comments to:**

**konferencjakreno2023@mail.umcs.pl**

**phone: +48 81 537 68 76**

\* niewłaściwe skreślić