**Poznan, 27.03.2020**

**Registration form for symposium participants**

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| --- | --- | --- | --- |
| **First Name:**  **Last name:**  **Title / academic degree:** | | | |
| **Affiliation:** | | | |
| **Address:** | | | |
| **e-mail address:** | | | |
| **Title of the presentation (oral or poster):** | | | |
| **Preferred form of presentation (mark with X)** | | | |
| **Oral** |  | **Poster** |  |

How to submit form:

Please fill in the registration form (WORD doc file, file name: Last name and name) and sent to [**zfch@amu.edu.pl**](mailto:zfch@amu.edu.pl)**.** by 14.02.2020.