Registration Form

Please e-mail to **kww@ifmpan.poznan.pl**

1. Name
Last .....
First .....
Middle .....

2. Sex (*tick with* x)
☐ Male ☐ Female

3. Title.....

4. Institution.....
.....
.....

5. Mailing address
Number & Street .....
City and Mailing Code .....
Country .....

6. Other forms of contact
FAX .....
Phone (home/work) .....
E-mail address .....

7. Names of Accompanying Persons (if any)
.....
.....

8. Do you plan to submit a paper? (*tick with* x)

☐ Yes Preferred form of presentation: ☐ Poster presentation
☐ Oral presentation

(The number of the oral presentations is limited.)

Title of the proposed contribution .....
.....
☐ Experiment ☐ Theory ☐ Computer simulation

☐ No