



Registration Form of a participant in the International Conference of Applied Science „Current issues in forensic medicine and expert practice — 2016”

Participation
& payment type

Participation (*select check box*)

with Oral presentation
with Poster
Abstract only
Participation only

Payment type (*select check box*)

paid by my organization
paid by the participant

Topic of presentation

Title

Authors

(Please indicate scientific degree and title before an author's name
For example: Prof., Dr. med., Ph.D., First Name Middle Name Last Name.)

Personal data of participant with oral report

Full Name

Organization

Scientific Degree
and Title

Position

(data fields are filled only on the orator)

Correspondence
address

Postal Address

e-mail

phone number