**REGISTRATION FORM**

The completed form should be sent to the following e-mail address: marta.wojcik@up.lublin.pl

Final registration date:

**15.07. 2024 r.-** for participants of a scientific conference

**15.07.2024 r.** – for participants celebration of the 80th anniversary of the Faculty of Veterinary Medicine

**Participant's details:**

**\*** Mrs [ ]  Mr [ ]

Name: ...........................................................................................................................................................

Last name: ....................................................................................................................................................

**\*** Professor [ ] ; DSc [ ] ; PhD [ ] ; MD [ ] ; DVM [ ] ; MSc [ ] ; Student [ ]

Institution: ...................................................................................................................................................

**\* Participation type:**

[ ]  Participation in a scientific conference (conference materials, 2 x lunch) – **380 PLN\*\***

[ ]  Participation in a scientific conference for students (conference materials, 2 x lunch) – **290 PLN\*\***

[ ]  Participation in the 80th anniversary celebration, scientific conference and gala dinner (conference materials,

 2 x lunch, entry to the gala dinner) – **640 PLN** **\*\*** (for students - **550 PLN \*\***)

[ ]  Participating in a gala dinner – **260 PLN \*\***

**\* Selecting a section:**

 basic sciences [ ] ; preclinical sciences [ ] ; clinical sciences [ ] ; section of young scientists [ ] ;

**\* Form of participation:**

[ ]  poster [ ]  oral presentation [ ]  on-line (only for foreign guests)

\* select appropriate \*\* gross amounts

**Address for correspondence:**

Street and house number: ..........................................................................................................................

Zip code: ....................................................................................................................................................

City: ...........................................................................................................................................................

Country: .....................................................................................................................................................

Telphone: ...................................................................................................................................................

E-mail .........................................................................................................................................................

Please check your email address before submitting your registration.

**Invoice data for conference participation:**

Company: .................................................................................................................................................

Adress: ......................................................................................................................................................

Zip code: ...................................................................................................................................................

City & country: .........................................................................................................................................

Tax Identification Number: .......................................................................................................................