**Registration form for the participants in the international conference**

**A doctor in the provinces (9-10 November 2017, Hucisko)**

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| Please send your registration form along with personal data and abstract by **31 May 2017** to: [**lekarznaprowincji@onet.pl**](mailto:lekarznaprowincji@onet.pl) **The prospective participants in the conference will be notified of the acceptance of their proposals by 10 September 2017 The deadline for the payment of the fee is 10 October 2017** The organizers are planning to publish a reviewed monograph containing the articles based on the conference presentations. |

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| Full name | |  | | | | | | |
|  | | | | |  | | | |
| Professional title / academic degree | | | | |  | | | |
|  |  | | | | | | | |
| Institution |  | | | | | | | |
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| **Correspondence address** | | | | | | | | |
| Institution |  | | | | | | | |
|  | | | |  | | | | |
| Street and house number | | | |  | | | | |
|  | | | |  | | | | |
| Postcode and town/city | | |  | | | | | |
|  | | |  | | | |  |  |
| Telephone number | | |  | | | | E-mail |  |
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| Additional information, requests to the organizers, audiovisual requirements, etc.: | | | | | | | | |
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| |  | | --- | | **Language of presentation (Polish or English):** | | | | | | | | | |
| **Title of presentation:** | | | | | | | | |

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| **Abstract (ca. 200 words):** |

**Conference fee**

The conference fee is **350 zł** and covers the costs of participation in the two-day conference, publication of the article in the book of proceedings, accommodation and board, as well as conference materials

**Please pay the fee by money transfer to the following account:**

**Fundacja „Silva Rerum Polonarum”**

95 1020 1664 0000 3102 0495 3263 with note: Konferencja „Lekarz na prowincji”

The invoices will be sent by post. They may also be obtained during the conference. They can only be issued with the name of a person or an institution that has made the payment.

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| **The data of a person or an institution to be included on the VAT invoice:**  **(full name, address, tax identification number)** |

By filling in the registration form I hereby consent to the processing of my data for the purposes of registration and organization of the conference (such as the booking of accommodation).

Date and place Signature:

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