# REGISTRATION FORM



# for non-presenting participants

# *Deadline for registering is October 28, 2019.*

# *Please submit completed form to:* [*tifo@upol.cz*](mailto:tifo@upol.cz)*.*

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| --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | |
| First Name: | Last Name: | Title: | | Male  Female |
| Postal Address: | *Street & Street No.:* | | | |
| *City*: | *Country:* | | *Postcode:* | |
| Organisation: | | | Position: | |
| E-mail Address: | | | Phone *(optional but welcome)*: | |

**The conference fee is to be paid within a week from registaration – by November 4, 2019 at the latest** (for paymant details refer to the conference webpage <http://tifo.upol.cz>)**.**