# REGISTRATION FORM


# for non-presenting participants

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

# *Please submit completed form to:* *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>)**.**