



**REGISTRATION FORM**



The Registration Form is intended for one person only. In order to participate in the Conference, please submit your completed the Registration Form by e-mail to: **pbc@ilot.edu.pl** or by regular post to the correspondence address provided.

|  |  |
| --- | --- |
| Name\* |   |
| Surname\* |   |
| Scientific Title |   |
| Position |   |
| Name of Institution and address\* |   |
|  |
| E-mail address \* |   |
| Contact Telephone No.\* |   |

\* the field is required

**Participation in the Conference (tick where necessary):**

- Submission of abstract, presentation of paper and publication [ ]
after acceptance by the Organizing Committee

- Submission of abstract and publication of paper (without presentation) [ ]

after acceptance by the Organizing Committee

- Participation in the Conference (without submission of paper) [ ]

Proposed title of paper (concerns persons submitting abstracts for presentation) …………………………………………………………………………………………………................................................

…………………………………………………………………………………………………................................................

If you suffer from any allergies or you have any dietary restrictions please inform us

…………………………………………………………………………………….……………………………………….………………..

**Postal address:**

Polish-Brazilian Conference Bureau
Instytut Lotnictwa, al. Krakowska 110/114, 02-256 Warszawa