

APPLICATION FORM

Name and Surname

(full form only)

.....

Place of work

(no abbreviations)

.....

Position

.....

Academic title and degree

.....

Postal address

(with zip code)

.....

Contact phones

(work, cell)

.....

E-mail

(mandatory)

.....

Form of participation

(report, poster presentation, without report)

.....

Paper title (topic)

.....

Need to use audiovisual means

(yes, no)

.....

Send filled application forms and paper text to the address:

9 Lavrska Str., Kyiv, 01015, Ukraine.

ICCROM Office in Ukraine

Phone: (044) 406-63-56 (044) 406-63-19

E-mail: iccrom_ukraine@ukr.net, anatoliy.antoniuk@gmail.com