**REGISTRATION FORM**

**Yes, I register for the Conference and will participate as (please mark):**

|  |  |
| --- | --- |
| * Author | * Onsite |
| * Participant | * Online |

|  |  |
| --- | --- |
| **Participant data:** |  |
| Name and surname |  |
| Tittle |  |
| Job position |  |
| Institution name |  |
| Address |  |
| Post Code and Place |  |
| Country |  |
| E-mail address |  |
| Phone |  |
| www address |  |
| **Other** |  |
| Remarks / messages |  |
| Please send us your registration form to the e-mail address: [anita.hrast@zrs-kp.si](mailto:anita.hrast@zrs-kp.si), or register online. | | |
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In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, date \_\_\_\_\_\_\_\_\_\_\_2023 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Stamp and signature)*