**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, or register online.  |
|

In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, date \_\_\_\_\_\_\_\_\_\_\_2023 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Stamp and signature)*