**REGISTRATION FORM FOR PARTICIPATION**

|  |  |
| --- | --- |
| Surname |  |
| Name |  |
| Patronymic |  |
| Country, city |  |
| Organization (full official name) |  |
| Position |  |
| Academic degree |  |
| Academic title |  |
| Title of the paper |  |
| Direction of the conference |  |
| Form of participation (full-time, correspondence) |  |
| E-mail |  |
| Phone |  |
| Address |  |