REGISTRATION FORM
at the International Scientific Conference

„ARTTHERAPY IN SCIENCE AND PRACTICE”

Opole, 19-21 OCTOBER 2011 r.

1. CONFERENCE PARTICIPANT DATA:

Name and surname _____

Title (mgr, dr, doc, dr hab., prof. dr hab.) _____

Name of University/ school/ institution _____

Mobile phone no. _____

e-mail _____

2. DATA FOR INVOICE:

Payer Name _____

Adress _____

Tax identification number (NIP) _____

3. TYPE OF PARTICIPATION PASSIVE / ACTIVE

(PASSIVE - only listening and participation in workshops, ACTIVE - presentation or/and conducting the workshop)

4. TITEL OF PRESENTATION .

_____

_____

5.PARTICIPATION IN WORKSHOPS .

The conference fee including 1 workshop – every participator can select several workshops

PLEAS write: Number, Title and Conductor of Workshop

_____

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_____

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6. TYPE OF PRESENTATION: report, report of research, exhibition, workshop (underline)

7. IMPORTANT/QUESTIONS TO COORDINATOR:

_____

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DATE AND SIGNATURE