

# Registration form

Name, Surname		
Mr.	Mrs.	Ms.
Dr.	Prof.	
Position		
Phone		
E-mail		
Organization		
Country		
City		
In person/Online participation		
Paper title		
Oral/poster presentation		
Hotel booking : yes/no		
Accompanying person		
Add. information		

\*Please, send the completed form to [mfpa2024@itanas.by](mailto:mfpa2024@itanas.by) if automatic submission does not work