



LRD OPEN DAYS 2019: PARTICIPATION FORM

Name-Surname: _____

Affiliation: _____

Position: _____

Tel/Fax: _____ / _____

E-mail: _____

I am interested in: Scientific Sessions **NO YES** Which one(s) _____

I am interested in: Organised tours **NO YES** Which one(s) _____

I participate at: Workshop(s) **NO YES** Which one(s) _____

I am interested in: The social event(s) **NO YES** Which one(s) _____

O plan to participate: Only on **19.09**, only on **20.09**, on both dates **19&20.09**

Please fill-in and return by e-mail or fax