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| **International Days of Materials Science - ReAdMat 2014**  **16. – 17. 9. 2014 Hotel Zlata Stika, Strossova 127,****530 02 Pardubice** |

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| **REGISTRATION FORM**  Please complete the following information. Required fields are marked with \*.  Completed registration form including abstract (see below), please send it till 6. 8. 2014 to the e-mail: [IDMSconference@gmail.com](mailto:IDMSconference@gmail.com). Attention-limited capacity! | | |
| **Personal details** | |  |
| Last name \* | |  |
| First name \* | |  |
| Title (Prof/Dr/Ms/Mr)\* | |  |
| Gender \* | | Female / male |
| Institution / University / Company \* | |  |
| Address / P.O. Box \* | |  |
| Postal code \* | |  |
| City \* | |  |
| Country / region \* | |  |
| Phone (country code, area code, phone number) \* | |  |
| E-mail \*  *All correspondence will be sent to this address so please* ***make sure it is typed correctly.*** | |  |
|  | |  |
| Accompanying person's last name | |  |
| First name | |  |
|  | |  |
| **Presentation** | | |
| Type of contribution\*  Title of contribution\* | Oral presentation/poster | |
| **Dietary restrictions, special diets etc.** | | |
| Vegetarians | | Yes / No |
| **Others special information** | | |
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