



## APPLICATION FORM

**Name and Surname**

(full form only)

.....

**Place of work**

(no abbreviations)

.....

**Position**

.....

**Academic title and degree**

.....

**Postal address**

(with zip code)

.....

**Contact phones**

(work, cell)

.....

**E-mail**

(mandatory)

.....

**Form of participation**

(report, poster presentation, without report)

.....

**Paper title (topic)**

.....

**Need to use audiovisual means**

(yes, no)

.....

Send filled application forms and paper text to the address:

9 Lavrska Str., Kyiv, 01015, Ukraine.

ICCROM Office in Ukraine

Phone: (044) 406-63-56 (044) 406-63-19

E-mail: [anatoliy.antoniuk@gmail.com](mailto:anatoliy.antoniuk@gmail.com)

Organizing Committee of the Conference