

Registration FORM

After you have registered by filling out the form below, send us the form to biuro@icppc.pl.

Please register as soon as possible as accommodations are limited, and please let us know about your suggestions and priorities so as to accommodate them in our program planning.

Personal Information:

| | |
|----------------|--|
| Mr./Ms.: | |
| First Name: | |
| Last Name: | |
| Date of Birth: | |
| Home Address: | |
| Organization: | |
| Your position: | |
| Street: | |
| Zip Code: | |
| City: | |
| Country: | |
| Telephone: | |
| Mobile: | |
| Fax: | |
| Email: | |
| Skype: | |
| Website: | |

Short Organization Description:

Specific diet: (YES or NO)

| | |
|--------------------------|------------------|
| <input type="checkbox"/> | I am Vegetarian. |
| <input type="checkbox"/> | I am Vegan. |

Paymant method

| | |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | I will pay by bank transfer |
| <input type="checkbox"/> | I will pay by PayPal https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=HSAFN7LXQCDBU |

Accommodation: (YES or NO)

| | |
|--|------------------------------------------------|
| | I will make my own accommodation arrangements. |
|--|------------------------------------------------|

Stay in ICPPC :

Reserve a bed for me

| | |
|--------------|--|
| Arrival Date | |
|--------------|--|

| | |
|----------------|---|
| Departure Date | . |
|----------------|---|

Room sharing with following persons:

1.

2.

3.

4.
