

Academy of Music in Krakow, March 2-3, 2018

APPLICATION FORM

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| --- | --- |
| First name, surname |  |
| Title / Degree |  |
| Paper / workshop / presentation title |  |
| Paper / workshop / presentation abstract |  |
| Name of represented institution |  |
| Correspondence Address |  |
| E-mail |  |
| Phone numer |  |
| Demand for equipment (projector, types of connections, audio) |  |
| Invoice data (full name of the institution, address, postal code, Taxpayer Identification Number) |  |
| Other remarks |  |
| Place, date and signature |  |

By submitting to the conference, the Participant agrees to use his image (texts, photos, videos and their processing and reproduction) for promotional purposes of the Academy of Music in Krakow.