|  |  |  |
| --- | --- | --- |
| Registration Form | | |
| 1 | Address: Prof, Dr, Mr, Ms, Student |  |
| 2 | First, Middle, Last Name |  |
| 3 | Date of last entry into Sarov (if available) |  |
| 4 | Date and place of birth (as in passport) |  |
| 5 | Passport (series, number, issued by whom and when, unit code) |  |
| 6 | Address of the place of residence with an index (by registration and actual) |  |
| 7 | Place of work and position (full name of the organization and institution address -Streetaddress, City, Zip Code, Country) |  |
| 8 | Academic degree |  |
| 9 | Area of scientific interests |  |
| 10 | Admission form with FSB verification measures (if available) |  |
| 11 | Telephone |  |
| 12 | E-mail |  |
| 13 | Lecturer/speaker/listener |  |
| 14 | Type of presentation: 40 min; 15 min; none |  |
| 15 | Session A, B, C, D |  |
| 16 | Title and authors of presentation |  |
| 17 | Accompanying person |  |

The Registration Form send to e-mail: info@ihism.org