

Registration Form ACOUSTICS High Tatras 2009
Obligatory for each participant

Name*:

Family Name*:

E-mail Address*:

Phone number:

Organization/Company*:

Accompanying Person (Yes / No)*:

Postal address:

Name of Author(s)*:

Title of Paper*:

Abstract*:

I prefer (Oral presentation / Poster)*:

I am interested in a CD version of the conference proceedings (15 EURO) (Yes / No):

Date of conference fee payment:

Web link of your membership in your acoustical society:

Do you agree to publish your paper in conference website ? (Yes / No)*:

Comments:

*Required Field

This application form should be sent by May 01th 2008.

Address:

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