**REGISTRATION FORM**

**„2016 CEE SWAT User Seminar”**

**3 June 2016**

**Warsaw, Poland**

**Personal information**

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Mr** |  | **Ms** | | | **Title** |
| **Name** | | | | | | **First Name** |
| **Institution** | | | | | | |
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| **Telephone** | | | | | | **E-mail** |
| **Presentation** | | | | | |  |
|  | Yes | | |  | No |
| ***Note: If You are willing to hold a presentation please fill in the Presentation form on the next page.*** | | | | | | |
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**Presentation form**

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| --- |
| **Title, Full Name and affiliation of the presenting person** |
| **Titles, Full Names and affiliations of the co-authors** |
| **Title of presentation** |
| **Abstract (max. 250 words)** |
| ***Please fill in the form and send it to***[***swat@levis.sggw.pl***](mailto:swat@levis.sggw.pl)***by 6 May 2016*** |