**REGISTRATION FORM**

**„2016 CEE SWAT User Seminar”**

**3 June 2016**

**Warsaw, Poland**

**Personal information**

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| --- | --- | --- | --- |
| [ ]  | **Mr** |[ ]  **Ms** | **Title**           |
| **Name**           | **First Name**           |
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| **Presentation** |   |
|[ ]  Yes |[ ]  No |  |
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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******by 6 May 2016*** |