

APPLICATION FORM FOR PARTICIPATION
IN
THE NATIONAL SCIENTIFIC CONFERENCE
**OCCUPATIONAL THERAPY
EVIDENCE-BASED PRACTICE**

Participant's data

| | |
|---|--|
| Name and surname: | |
| Title / academic degree: | |
| Institution: | |
| e-mail address of the participants: | |
| Participant's other contact details (optional): | |

Data on the form of participation (please mark with an X)

| | | | | |
|-----------------------|-----|--|----|--|
| Oral presentation | yes | | no | |
| Workshop registration | yes | | no | |
| Passive presentaion | yes | | no | |

Information about the oral presentation / workshop

(please remove this section if you selected "Passive presentation" above)

| | |
|-----------|-----------------------------|
| Title: | |
| Abstract: | (between 300 and 500 words) |
| | |

Invoice details (please mark with an X and enter the givens)

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Not applicable | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| Please issue a personal invoice | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| Please issue an invoice to the institution | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| According to the following givens: | | | | |
| | | | | |

By submitting the application, I accept the [conference regulations](#).

Confirmation of data

| | |
|----------------|--------------|
| | |
| Place and date | Signature |