**Registration form**

**CASCADE 2020**

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| --- | --- | --- |
|  | **Surname:** |  |
|  | **Name:** |  |
|  | **Middle name:** |  |
|  | **The organization:** |  |
|  | **The post:** |  |
|  | **Academic degree, title:** |  |
|  | **Article title** |  |
|  | **Author (s):** |  |
|  | **Country:** |  |
|  | **City:** |  |
|  | **Postal code:** |  |
|  | **Street name:** |  |
|  | **Telephone:** |  |
|  | **Fax number:** |  |
|  | **Email address:** |  |

**Organization fee**

**For participants from the CASCADE consortium – 100 €**

**For participants of other organizations-250 €**

**Participation in the conference (for one person) includes:**

\* Organizational matters

• Publication in Scopus

• Participation in all scientificx seCDIs

• Participation in pOsternx seCDIs

• Handouts (program, certificates, etc.)