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| **IWTPV'22 Registration Form**  |
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| Title: |       |
| Name:  |       |
| Organisation: |       |
| Department: |       |
| IET member | [ ]  Yes, ID:       [ ]  No |
| Student | [ ]  Yes [ ]  No |
| Address: |       |
| ZIP/City: |       |
| Country: |       |
| Telephone: |       |
| E-mail: |       |
| Accompany person: |       |
| Contribution Title: |       |
| Invoice Address:                    VAT ID:       |
| If you have some special diet requirements, please, write them here:      |
| Date & Signature: |  |
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