

**WORKSHOP Registration Form**

Please submit Your completed registration form to the conference e-mail address: [**konfszd4@gmail.com**](mailto:konfszd4@gmail.com)no later than **1st June 2026**.

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| **Facilitator’s NAME AND SURNAME:** |  |
| **Academic title:** |  |
| **Affiliation/Institution:** |  |
| **E-mail address:** |  |
| **Workshop language:** |  |
| **Workshop title in Serbian:** |  |
| **Workshop title in English:** |  |
| **Workshop objectives and expected outcomes** (maximum 500 words): |  |
| **Brief description of activities and their link to the objectives** (maximum 500 words): |  |
| **Expected number of participants:** |  |
| **Note:** The sheduled duration of the workshop is 90 minutes. The workshop facilitator will provide the necessary materials (paper, felt-tip pens, other materials). Please indicate **here** if a video beam or a flip chart board is required (to be provided by the conference organizer). | |