

**PASSIVE PARTICIPATION Registration Form**

Please submit Your completed registration form to the conference e-mail address: [**konfszd4@gmail.com**](mailto:konfszd4@gmail.com)no later than **18th November 2026**.

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| **Participant’s NAME AND SURNAME:** |  |
| **Academic title:** |  |
| **Affiliation/Institution:** |  |
| **E-mail address:** |  |