

Registration Form of the Participant

Of the International Science Conference
“Chrysotile Asbestos: Assessment and Risk Management”

SURNAME	
NAME	
AFFILIARION	
POSITION	
ADDRESS	
TELEPHONE	
FAX	
E-mail	
REPORT TITLE	

I intend:

- to take part in the Conference, to give the theses and to give a talk
- to take part in the Conference

Necessary equipment: _____

Necessary help in reserving the hotel:

- yes _____ (please, indicate the dates You would like to reserve the hotel);
single room ; double room .
- no .

Please, send your registration form and theses of your reports at the address: asbestosconf@ukr.net,
dalexandra@ukr.net

For full information please phone (+380044) 284-34-27, (+380044) 289-43-66

Date _____

Signature
