

Registration number (filled by the Organizing Committee)

Conference website **Baikal conference - 2017**

REGISTRATION FORM OF THE PARTICIPANT

Last name:	
First Name:	
Middle name:	
Birthday:	
Full name of organization:	
Short name of organization:	
Address of organization:	
Status of participant (student/PhD student/young scientist):	
Scientific degree:	
Phone:	
E-mail:	
Title of the presentation:	
Authors:	
Type of participation (standard/by correspondence):	
Type of presentation (oral/poster):	
Accommodation: room type, number of persons (additional information is attached)*:	
Number of accompanying persons:	
Names of accompanying persons:	

The filled registration form should be sent to <u>baikalchem 2017@irioch.irk.ru</u>.

^{*}Room type can be chosen online at <u>www.elochka-otel.ru/</u> or at the conference <u>website</u>