Registration Form
For 6th International Scientific Conference

THEORY AND PRACTICE OF ADAPTED PHYSICAL ACTIVITY

Biała Podlaska, 09-10 October 2019

Name and surname: .....

Title / degree: .....

Institution: .....

Address (corespondence):.....

e-mail: ..... tel.: ...../.....

Title of the presentation:

.....

Co-author(s):.....

I am booking at my own expense (09/10 October 2019):

☐ The Skala Hotel	☐ The Capitol Hotel

Participation in the workshop included in the conference fee:

☐ WORKSHOP 1	☐ WORKSHOP 2	☐ WORKSHOP 3

Participation in the workshop with an additional fee:

☐ WORKSHOP 1	☐ WORKSHOP 2	☐ WORKSHOP 3

I attend a gala dinner on 09.10.2019 (additional fee 100 PLN):

☐ YES	☐ NO

Signature

Authorization to issue a VAT invoice without the recipient's signature

I hereby authorize State School of Higher Education in Biała Podlaska to issue a VAT invoice for the registration fee in "APA Conference"

Mr / Ms .....for

.....

Name of the institution and its address

.....NIP.....

Stamp of the institution

Signature of the authorized person