**Conference Participant Application Form**

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| --- | --- |
| Full Name |  |
| Institution / Organization |  |
| Academic Degree (if applicable) |  |
| Academic Title (if applicable) |  |
| Position (please indicate department) |  |
| Level of Higher Education Pursued (for bachelor's, master's, or PhD students) |  |
| Academic Advisor / Supervisor (optional) |  |
| Scientific Section (number and title) |  |
| Title of Submitted Paper |  |
| Do you require assistance with formatting the reference list? (Yes / No) |  |
| Email |  |
| Phone Number |  |

If the submitted paper includes multiple co-authors, please complete the table separately for each co-author and submit all information in a single file.