Registration Form MAP 2023

*Obligatory for each participant*

**Name:**

□ Mr. □ Mrs.

**Address:**

Phone:

Fax:

**e–mail:**

**Accompanying persons:**

□ yes □ no

**Name of author(s):**

**Title of Paper:**

**Required accommodation for nights:**   
🞏 19 / 20 September 2023

🞏 20 / 21 September 2023

🞏 21 / 22 September 2023

**Required lunches in the University Canteen:**

🞏 20 September 2023

🞏 21 September 2023

🞏 22 September 2023

**I prefer:**

🞏 oral presentation 🞏 poster

**I am interested in a previous edition of Peer-reviewed Proceedings on USB** (10,- €)

🞏 yes 🞏 no

**Date of conference fee payment:**

**Comments:**

|  |
| --- |
| **This application form should be sent by 31 August 2023.**  **Address:**  Martin Čulík  KDS, DF, Technická univerzita vo Zvolene T.G. Masaryka 24 SK - 960 01 Zvolen  **e-mail:** culik@acoustics.sk |