**REGISTRATION FORM**

First name: ………………………………………………………………………………….

Last name: …………………………………………………………………………………..

Company/Organization: ………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………….

Address: ……………………………………………………………………………………………………………………………..

E-mail: ……………………………………………………………………………………..

Phone: ……………………………………………………………………………………..

Submitting abstract: poster lecture

Registration category:

Local Participant 950 PLN Local Student 550 PLN

International Participant 210 € International Student 120 €

Accompanying person  450 PLN/100€

**Transfer title: Baltic BioMat +** < name of the participant >"

**Name of the owner of the account:**Zachodniopomorski Uniwersytet Technologiczny w Szczecinie

**Account holders address:**  Al. Piastów 45

**BIC (SWIFT):** WBKPPLPP

 **Account number (IBAN):**PL 02 1090 1492 0000 0000 4903 0242

 **Name of the bank:** Santander Bank

 **Address of the bank:** ul. Piłsudskiego 7, 70-422 Szczecin