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| APPLICATION FORM (PLEASE E-MAIL THIS APPLICATION FORM TO [europa.postmed@gmail.com](mailto:europa.postmed@gmail.com) UNTIL THE 31TH OCTOBER 2019) | |
| First name, surname, title |  |
| Institution |  |
| Address |  |
| E-mail |  |
| Phone number |  |
| Contribution(max. 20 min) | YES  NO |
| Title of the contribution |  |
| Co-authors: |  |
| Special technical requirement: |  |
| Poster | YES  NO |
| Title of the poster |  |
| Co-authors |  |
| Chosen section |  |
| Abstract (not exceeding 200 words) |  |