Annex I.

**Registration Form**

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| --- | --- | --- |
| Name |  | □Male □Female |
| Title |  |
| Affiliation |  |
| Mail Address |  |
| Mobile |  | Zip code |  |
| Telephone |  | Fax |  |
| Email |  |
| Joining the symposium | □Yes □No | Research field |  |
| Submitting abstract | □Yes □No | Presentation | □Oral □Poster |
| Title of your abstract / presentation |  |
| Note |  |

**\*\***All return information addresses to the organizing committee by email before April 15th, 2024.

Email: interconfkaznu@gmail.com