Annex I.

**Registration Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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