

***SCIENTIFIC CONFERENCE PARTICIPATION REGISTRATION FORM***

***Academic/professional title, First name and SURNAME:***

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***Institution (Faculty):***

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***Form of participation in the conference:***

***a) Passive participation....................................................................................................................................***

***b) Active participation (presentation of a paper/communication), topic:…..........................................................***

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***c) Active participation (presentation of a paper/communication and publication), topic:.....................................***

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***Correspondence Address:***

***Street and number:***

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***.......................................................................................................................................................................***

***Postal code and city:***

***.......................................................................................................................................................................***

***Phone:……................................................................ e-mail:............................................................................***

***Date ....................................................................... Signature .........................................................................***

Note:

I consent to the processing of my personal data for the organizational purposes of the conference Security of the Contemporary State. Armed Forces and Administration in Ensuring the Security of the State by the conference organizers in accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (GDPR).