



CONFERENCE REGISTRATION FORM FOR SPEAKERS

The Third Baltic Stem Cell Meeting (BSCM)

18-19 June 2015, Warsaw, Poland

SPEAKERS INFORMATION:

Surname: First Name:
 E-mail: Phone: Fax:
 Company/Institution: Position:
 Company/Institution address:
 City: Country: Postal Code:
 Title of Presentation (20 min.):

ACCOMMODATION INFORMATION (SINGLE ROOM):

Date of check/in	Date of check/out	Numbers of Nights
.....

TRAVEL PLAN:

Place, Date & Time of Departure:
 Place, Date & Time of Arrival:

Please note that airport / hotel / airport transfers will be provided in accordance with your arrival / departure date and time.

Date: Signature:

Please send this form back on the fax number **0048 91 466 16 12** or via e-mail: **kzfizjol@pum.edu.pl**.

For more information please contact:

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See You in Poland !!!