*Attachment 1*

***CONFERENCE APPLICATION***

|  |  |
| --- | --- |
| **Last name** |  |
| **First name** |  |
| **Patronymic** |  |
| **Date of birth** |  |
| **Place of birth** |  |
| **Passport**(number, date of issue, authority) |  |
| **Address***(including zip code)* |  |
| **Affiliation***(full and short reference, address)* |  |
| **Position** |  |
| **Academic degree** |  |
| **Date of last visit to Sarov** | Year \_\_\_\_\_\_\_\_ |
| **E-mail** |  |
| **Phone numbers** | OfficeMobile |
| **Fax** |  |
| **Form of participation***(please tick as appropriate)* | □ - speaker□ - listener |
| **Paper title(s), authors** |  |

Please complete the Conference Application Form for each conference participant and submit it by email (YuMBelugina@vniief.ru and NVVinogradova@vniief.ru) before **January 27, 2020.**