**REGISTRATION FORM**

*ACOUSTICS IN LINGUISTICS – LINGUISTICS IN ACOUSTICS*

FACULTY OF POLISH STUDIES

UNIVERSITY OF WARSAW

**26-27 SEPTEMBER 2014**

**I. PERSONAL DATA**

Name:

Surname:

Degree:

Institution:

E-mail:

**II. LECTURE DETAILS**

Subject:

Summary (from 1000 to 2000 characters)

**III. ADDITIONAL INFORMATION**

**Dinners** (select dinner option)

26 September:  dinner  vegetarian dinner  without dinner

27 September:  dinner  vegetarian dinner  without dinner

**Invoice data**

Name and surname:

Institition:

Address:

**IV. NOTES (e.g. preferred time of the lecture, request for additional equipment)**