**REGISTRATION FORM**

**7th SLOVAK-CZECH CONGRESS OF FORENSIC MEDICINE**

with international participation

May 13 – 15, 2020

Congress Hotel Centrum, Košice, Slovakia

|  |  |  |  |
| --- | --- | --- | --- |
| **Title(s), name, surname** |  | | |
| **Workplace** |  | | |
| Address |  | | |
| Country |  | Postal Code |  |
| **Phone number** |  | | |
| **Email** |  | | |
| **Participation** /active, passive/ |  | | |

|  |  |
| --- | --- |
| **Title** |  |
| **Author(s)** |  |
| **Affiliation(s)** |  |
| **Presentation**  /oral, poster/ |  |

|  |  |  |
| --- | --- | --- |
| **Social Program** | | |
| May 13, 2020 | **Welcome party** /Medico-Legal and Pathological-Anatomical   Department of HCSA, Košice/ | yes / no |
| May 14, 2020 | **Guided city tour** | yes / no |
| May 14, 2020 | **Gala dinner** /Congress Hotel Centrum/ | yes / no |

|  |  |
| --- | --- |
| **Lunch**  /paid on site/ | |
| May 14, 2020 | yes / no |
| May 15, 2020 | yes / no |

Filled REGISTRATION FORM must be sent to: **sudnelek2020@gmail.com**

**ABSTRACTS** for active participation must be submitted through the same email address, either sent together with the Registration Form or separately until **March 31,** **2020**.