**MAN – SPIRITUALITY – EDUCATION**

**International Science Conference**

**with a special guest**

**Mr Anselm Grün OSB**

**Warsaw – Plock – Olsztyn; 3rd - 5th October, 2019**

 **SUBMISSION FORM**

**PARTICIPANT INFORMATION**

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| Name: |

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| Academic Title: |

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| Participant's Institution: |

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| --- |
| Name:  |
| Postal Code:  | City: | Street and Flat Number: |

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| Mailing Address |

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| Postal Code:  | City: | Street and Flat Number: |

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| Email address: |  |

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| Phone number: |  |

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| Billing Data: |

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| Name: | Tax Number: |
| Postal Code: | City: | Street and Flat Number: |

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| Form of participation in the conference \* |

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| **active participation** in module I organized in Warsaw**active participation** in module II organized in Plock**active participation** in module III organized in Olsztyn**passive participation** in module I organized in Warsaw**passive participation** in module II organized in Plock**passive participation** in module III organized in Olsztyn\* please mark the chosen form/forms of participation |

**THE SUBMITED PAPER**

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| Title of the presentation in Polish and/or English |

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| Language of the presentation |

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| --- | --- | --- |
| Polish | English |  German |

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| Abstract (max 800 characters) |

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Please send this application form by **10/09/2019** to the following address: **gruen@uksw.edu.pl**

I agree to the processing of my personal data: name and surname, academic title / degree, e-mail address, telephone number, data of the University / Institution represented, invoice data for purposes related to the organization of the International Scientific Conference with a special guest Mr Anselm Grün OSB, MAN – SPIRITUALITY – EDUCATION, in accordance with the Regulation of the European Parliament and of the Council (EU) 2016/679 of 27 April 2016.

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 Signature