**The Masovian Public University in Płock**

**Faculty of Health Sciences**



**REGISTRATION FORM**

**I hereby register for**

**VI International Scientific Conference in the field of**

**HEALTH SCIENCES – DIRECTIONS OF CHANGE AND DEVELOPMENT PERSPECTIVES**

**under**

**Global challenges of health sciences**

**Płock, 2nd December 2021**

**PERSONAL DATA**

|  |  |
| --- | --- |
| **First Name** |  |
|  |  |
| **Surname** |  |
|  |  |
| **Professional title** |  |
|  |  |
| **No of licence to practice a proffesion** |  |
|  |  |
| **Position** |  |
|  |  |
| **Workplace** |  |
|  |  |
| **Address: street, house number, apartment number** |  |
|  |  |
| **Zip code** |  |
|  |  |
| **City** |  |
|  |  |
| **e-mail address** |  |
|  |  |
| **Contact phone number** |  |
|  |  |

**SELECT ONE THAT APPLIES**

|  |  |
| --- | --- |
| **Academic teacher** |  |
|  |  |
| **Student** |  |
|  |  |
| **Nurse** |  |
|  |  |
| **Midwife** |  |
|  |  |
| **Doctor** |  |
|  |  |
| **Cosmetologist** |  |
|  |  |
| **Physiotherapist** |  |
|  |  |
| **Other, please specify** |  |
|  |  |

**THE FOLLOWIND DATA IS TO BE FILLED BY THE STUDENT**

|  |  |
| --- | --- |
| **Name of the University** |  |
|  |  |
| **Field of study** |  |
|  |  |
| **Faculty/ Institute Name** |  |
|  |  |
| **University address: street, number** |  |
|  |  |
| **Zip code** |  |
|  |  |
| **City** |  |
|  |  |
|  |  |
| **Membership in the Scientific Group – Name of the Group (fill in if applicable)** |  |
|  |  |
| **First name and Surname**  **Of the Supervisor of the Scientific Group** |  |
|  |  |

|  |  |
| --- | --- |
| **Please issue an invoice (fill in with YES or NO)** |  |
|  |  |
|  |  |

**BILLING INFORMATION**

|  |  |
| --- | --- |
| **Name of the company / First name and surname** |  |
|  |  |
| **Address: street, house number, apartment number** |  |
|  |  |
| **Zip code** |  |
|  |  |
| **City** |  |
|  |  |
| **VAT identification number or Polish NIP (format 123-456-78-90)** |  |

**ATTENTION!**

We kindly ask you to fill in the statement of consent to issue an invoice without a signature and provide the necessary data***:***

I (first name and surname) .......................................................................... authorize The Masovian Public University in Płock to issue an invoice confirming participation in the **VI International Scientific Conference in the field of “Health sciences – directions of change and development perspectives” under Global challenges of health sciences – 2nd December 2021**without my signature.

In accordance with the applicable regulations, the conference organizer is obliged to issue an invoice no later than on the 15th day of the month following the month in which one (participant) made the payment to the organizer's account. Invoices for natural persons not conducting business activity and for sales exempt from VAT are issued only on request. The invoice is issued on request submitted within 3 months from the end of the month in which the payment was made. If a natural person pays and the invoice is to be issued to a company / institution (employer of a natural person), the request for an invoice should be accompanied by a referral from the company / institution (employer) signed by an authorized person to represent the above-mentioned company / institution. The request can be directed to the conference e-mail: [konferencjawnz2021@mazowiecka.edu.pl](mailto:konferencjawnz2021@mazowiecka.edu.pl)

VAT identification number or Polish NIP .................................................

Name of the company / First name and surname (in case of an individual payment) .......................................

...............................................................................................................................................................

Billing address.......................................................................................................................................

The invoice should be sent to (address) ........................................................................................................... signature and stamp of the authorized person

Issuing an invoice is possible only for the person or institution making the payment for the Conference**.**

**PARTICIPATION IN THE CONFERENCE:**

**Participation (please select the form of publication by inserting an X in appropriate box)**

|  |  |
| --- | --- |
| **active** |  |
|  |  |
| **passive** |  |

|  |  |
| --- | --- |
| **Topic of the speech:** |  |

|  |  |
| --- | --- |
| **Equipment necessary for the presentation/speech (in the case of stationary participation The Masovian Public University in Płock)** |  |

|  |  |
| --- | --- |
| **Key words in Polish** |  |
|  |  |
| **Abstract in Polish (max. 150 words)** |  |
|  |  |
| **Key words in English** |  |
|  |  |
| **Abstract in English (max. 150 words)** |  |

**ARTICLE FOR PUBLICATION IN:**  **(please select the form of publication by inserting an X in appropriate box)**

|  |  |
| --- | --- |
| **Monograph** |  |
|  |  |
| **International Quarterly "Nursing in Long-Term Care"** |  |
|  |  |
| **No publication** |  |
|  |  |

|  |  |
| --- | --- |
| **Article title** |  |

***Conference fees***

Participation in the Conference: **free of charge**

**the cost of publication – PLN 150 (for each submitted article)**

The payment for publication must be made by **15th November 2021r.**

to the account of The Masovian Public University in Płock

**PKO BP SA: 46 1020 3974 0000 5102 0084 8077**

**z** **with a note: Name and surname "VI Scientific Conference on Health Sciences – 2 December 2021"**

This registration form must be sent by 15th November to: [konferencjawnz2021@mazowiecka.edu.pl](mailto:konferencjawnz2021@mazowiecka.edu.pl). Email title should be:

***„*VI Scientific Conference on Health Sciences – 2 December 2021*”***