

ISCPES SUMMIT

TEMPLATE 2 APPLICATION

JUST PRESENTING QUESTIONS/PROJECTS



| | | | |
|--------------------------------|---------------------------------|----------------------|--|
| TITLE | GENDER | NAME | |
| <input type="checkbox"/> PROF. | <input type="checkbox"/> MALE | <input type="text"/> | |
| <input type="checkbox"/> DR. | <input type="checkbox"/> FEMALE | | |
| <input type="checkbox"/> MR. | | | |
| <input type="checkbox"/> MS. | | | |
| ADDRESS | EMAIL | PHONE NUMBER | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| <input type="text"/> | | | |

QUESTION OR PROPOSAL

ABSTRACT up to 500 words and 5 keywords

5 KEYWORDS

date

signature

I agree to submit my personal data to the purpose of this form

Please send your application form c/o: Prof. Pedro Guedes de Carvalho (ISCPES President)
info.iscpes@gmail.com

Payments must be made by bank transfer to:

if Dolars: IBAN PT50 0036 0045 99110010464 35 | BIC SWIFT: MPIOPTPL

if Euros: IBAN PT50 0036 0045 99100315477 31 | BIC SWIFT: MPIOPTPL

2019

