

International Musicological Conference

Warsaw, 15-18.09.2014

Registration form for participants

Please return the filled form to Conference Secretariat at conference@nifc.pl

First name:	
Surname:	
Sex*:	F M
Title*:	Prof. Dr. Prof. Dr. Ms. Mr.
Institutional affiliation:	
Address:	
Country:	
e-mail:	
Telephone:	

*Please circle or bold the right answer

Additional information:

Date:

Signature:

[just type in on your keyboard]

www.chopin.nifc.pl

Title:

Abstract: