

THE APPLICATION FORM

**9TH NATIONAL STUDENT SCIENTIFIC ASSOCIATION'S
SYMPOSIUM**

Wake up the Math in yourself!

8th – 10th April 2016

**The Association of Math Student
of Pedagogical University
of Krakow**



.....
(city) (date)

1. Personal Details: *(please use capital letters to fill in)*

First name and surname:.....

Postal address:

Phone.....email.....

2. Participating: with research paper / without reasearch paper *(please underline proper)*

Title of speech:

(Registration of the paper with short summary should be sent to:

kolomatematykow.up@gmail.com until 23rd March 2016)

3. Institution's data:

Institution's name.....

Department.....Institute.....

Postal address:

The Symposium's fee is 130 PLN and and includes the accommodation, full board, museum sightseeing, participation in Math Games Evening, the banquet and conference materials

(T-shirt size: S M L XL XXL *Please underline proper)*

Payment should be made by bank transfer until 31st march into account:

Uniwersytet Pedagogiczny im. Komisji Edukacji Narodowej

Bank Pekao SA oddział w Krakowie

Domestic transfer **71 1240 4722 1111 0000 4852 4687**

Foreign transfer **PL 71 1240 4722 1111 0000 4852 4687**, Kod SWIFT: **PKOPPLPW**

with title: DK – 14, name and surname of participant (eg. DK-14 Jan Kowalski)

In case of resignation, the fee will not be refunded.

In accordance with regulations, the organiser of the conference is committed to issue the invoice no later than the next month after the payment the entity has made into the account of Pedagogical University. The invoices for natural person who does not operate any business activity and invoices concerning VAT tax exempt sale are written out only on demand. The invoice is written out on demand declared within 3 months from the end of the month the payment was made. If the payment is made by the natural person and the invoice is supposed to be written out for an institution (the employer of natural person), the institution (employer) referral signed by entitled person is supposed to be attached. Request may be sent to: konferencje@up.krakow.pl

.....
(FILLED BY ORGANISER)

Fee for..... is..... and includes

.....
Information concerned person (institution/ natural person), the invoice is written out:

NIP.....

Institution or name and surname (in case of individual fee)

.....
The invoice is supposed to be sent to the address

.....
Signature and stamp of the entitled person

Please send the scan of the application form to e- mail:

kolomatematykw.up@gmail.com until **18.03.2016r.**

I hereby agree for processing my personal data for the purpose of Student Scientific Symposium organization (as defined in the Act of August 29, 1997 on the Protection of Personal Data (Journal of Laws from 2002 No 101, item 926, with amendments) and for sharing it to third party, which is responsible for organization of the Symposium on the ground of separate agreements (i.e. for sharing data for housing / registration purpose etc). .

.....
Signature of the Participant