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**Surname: Name:**

**Company/Institution:**

**Address:**

**VAT ID:**

**Phone: E-mail:**

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***Please, replace*** ❑ ***by*** ◼ ***where appropriate***

**Accommodation:** Single Room ❑ Double Room (*available with Accompanying Person*) ❑

**Arrival Date/Time: Departure Date/Time:**

 (*not earlier than* ***9th July*** *at 1400*) (*not later than* ***14th July*** *at 1100*)

**Accompanying Person Name:**

(*if applicable, accommodation in a double room with SSARS 2023 Participant*)

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**Participant Full Seminar Fee:** **600 € (2850 PLN)**

...... € (PLN)

(*including: sessions attendance, seminar program, monograph, 5 days accommodation*

*in the hotel, catering and social events*)

**Participant Seminar Fee (*without accommodation*):** **400 € (1900 PLN)**

...... € (PLN)

(*including: sessions attendance, seminar program, monograph, 5 days catering and social events*)

**Accompanying Person Full Seminar Fee:** **400 € (1900 PLN)**

...... € (PLN)

(*including: 5 days accommodation in the hotel, catering and social events*)

**Accompanying Person Seminar Fee (*without accommodation*):** **200 € (950 PLN)**

...... € (PLN)

...... € (PLN)

(*including: 5 days catering and social events*)

**Publication (*without attendance, with online presentation*):** **200 € (950 PLN)**

...... € (PLN)

(*including: monograph*)

**Additional publication:** **300 € (1425 PLN)**

...... € (PLN)

**Total Payment**………………………………………………………………………………

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***Foreign Participant***

**Payment should be made in EUR by Bank Transfer to:**

Pol Tow Bezp i Niez

Account No: PL 89 1240 1242 1978 0010 0478 3287

(Bank Pekao SA)

Remark: PARTICIPANT SURNAME, SSARS 2023

Bank Swift Code: PKOPPLPW

Address: Al. Jana Pawła II 3, 81-345 Gdynia, Poland

***Polish Participant***

**Payment should be made in PLN by Bank Transfer to:**

Pol Tow Bezp i Niez

Account No: PL 74 1240 1242 1111 0010 0478 3160

(Bank Pekao SA)

Tytułem: PARTICIPANT SURNAME, SSARS 2023

Bank Swift Code: PKOPPLPW
Address: Al. Jana Pawla II 3, 81-345 Gdynia, Poland