



Registration Form of a participant in the International Congress  
„Current issues in forensic medicine and expert practice — 2017”

Participation  
& payment type

Participation (*select check box*)

- with Oral presentation
- with Poster
- Abstract only
- Participation only

Payment type (*select check box*)

- paid by my organization
- paid by the participant

Topic of presentation

Title

Authors

(Please indicate scientific degree and title before an author's name  
For example: Prof., Dr. med., Ph.D., First Name Middle Name Last Name.)

Personal data of participant with oral report

Full Name

Organization

Scientific Degree  
and Title

Position

*(data fields are filled only on the orator)*

Correspondence  
address

Postal Address

e-mail

phone number

Save and send the application form to email address [info@sudmedmo.ru](mailto:info@sudmedmo.ru).