

AUTHOR DETAILS

Please provide the requested details of the author(s). This form allows for the details of three authors.

FIRST AUTHOR

Title:		Initials:		First Name	
Surname:					
Institution:					
Department:					
Postal address					
Country					
E-mail				Telephone:	

Presenter	
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SECOND AUTHOR

Title:		Initials:		First Name	
Surname:					
Organization:					
Department:					
Postal address					
Country					
E-mail				Telephone:	

Presenter	
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THIRD AUTHOR

Title:		Initials:		First Name	
Surname:					
Organization:					
Department:					
Postal address					
Country					
E-mail				Telephone:	

Presenter	
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TYPE OF PRESENTATION (please mark)

Paper (20 minutes plus 10 minutes questions and answers time)	
Workshop (60 minutes)	
Poster	

Type your short paragraph CV here (not more than 100 words)

Type your abstract text here (Not less than 150 and no more than 300 words)

Title of the Abstract:

Keywords:

Abstract: