**REGISTRATION FORM – Speakers**

Please complete this form and return it with **your photo, CV (bio), a copy of your passport and an abstract of your paper** to **iass.conference@linguanet.ru**

**PERSONAL INFORMATION** *(Please type or print clearly)*

|  |  |
| --- | --- |
| **Title** | **Nationality** |
| **First (Given) name** (and middle initial if used) | **Last (Family) name** |
| **Passport number** (Necessary for administrative reasons) | **Date of birth** (Day/Month/Year) |
| **Position** | **Department** |
| **Organization** | |
| **Full address** (street, city, postal code, country) | |
| **Telephone** (include country/area code) | **Mobile** (include country code) |
| **Fax** (include country/area code) | **E-mail** |
| **Name and contact details** (phone, fax, e-mail) of your assistant | |
| **Special Dietary Requirements**  \* Please let us know if you have any other dietary restrictions or special considerations (Food allergies, cultural and religious preferences) | |

**TRAVEL ARRANGEMENTS**

The Secretariat will cover accommodation for speakers for up to 3 nights during the Conference.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Names** | \* Please state your full names **as it appears on passport** | | | |
| **Surname** | | **Given names** | |
| **Flight Information** | \* For the logistic preparation of the assembly, kindly let us know your flight schedule. | | | |
| **Arrival Date&Time, Flight number** | | **Departure Date&Time, Flight number** | |
| **Hotel Arrangement** | **Check-In** | **Check-Out** | | **Total Nights** |

**SOCIAL EVENTS & MEAL**

Please indicate your presence to social events below and select the dated when you will attend the meals during the conference.

\*This program would be subject to change.

|  |  |
| --- | --- |
| **Social Events** | **□ Opening Ceremony& Luncheon-**  **□ Cultural Tour –** |
| **Meal** | **□ Dinner- □ Lunch- □ Dinner-** |

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| **Please return this form to: iass.conference@linguanet.ru** |