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| Registration & Abstract Form  for the 2nd INTERNATIONAL MEETING ‘AGRISCIENCE & PRACTICE’ | |
| Name and title of the participant: Mr./Ms./Prof./PhD | |
| Phone: | E-mail: |
| Affiliation: | |
| Affiliation address: | |
| Abstract title: | |
| Author/s and author/s affiliation: | |
| Abstract (max 250 words): | |
| Key words (3-7 words which are not included in the title): | |
| I would like to participate at the Meeting with (check the preferred option): | |
| oral presentation | |
| poster | |
| panel discussion | |
| exhibition stand | |
| Please, use the Registration & Abstract Form for each of your submissions. Participants who will join the Meeting without oral/ poster presentation fill in only their personal information.  Please, send the Registration form to [agriscience-practice@ugd.edu.mk](mailto:agriscience-practice@ugd.edu.mk) before 05.03.2019. | |