**PARTICIPATION FORM**

|  |  |
| --- | --- |
| Name of the participant: |  |
| E-mail: |  |
| Extension: |  |
| Research Group: |  |
| Supervisor: |  |
| ***WRITE YOUR TITLE HERE*** |
| *Write your abstract here. Do not exceed more than 15 lines please.* |
| **Do you want to make an experimental demonstration?** | *Indicate yes or not.* |
| **DEMONSTRATION PLAN** |
| *Describe briefly your experimental demonstration if you plan to do so.* |