**PARTICIPATION FORM**

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| --- | --- | --- |
| 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.* | | |