

Application Card of Participation in the 3rd International Congress of the Polish Resuscitation Council Kraków 27th-29th September 2007

Second Name		First Name	
Scientific Title		Specialisation	
Place of Work			
Address for correspondence: private/official	Post code		City
	Street		No
Tel.	Fax	E-mail	
Data to Invoice:	Name of Company		
NIP:	Post code		City
	Street		

I am going to send a work: YES NO (please specify with cross)

I agree to personal data processing indispensable for recruitment process
(according to the Act from day 29.08.1997 on protection of personal data; that is Journal of Laws 2002, No. 101, pos. 926 with further changes)

signature.....

Application Card

**The 3rd International Congress of the Polish Resuscitation Council
Kraków 27th-29th September 2007**

Polish Resuscitation Council
Kopernika Str. 17
31-501 Kraków, POLAND