Sixth international conference:

***Classroom-oriented research:***

***Towards effective learning and teaching***

**Konin, October 12th-14th, 2015**

REGISTRATION FORM

(separate forms necessary for co-speakers)

|  |  |
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| Name: | Click here |
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| Do you wish to present a paper? | Choose yes or no. |
| The title of the paper: | Click here |
| Equipment required:  | Click here |
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| Special requirements (vegetarian meal, etc.): | Click here |
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| Do you wish to receive an invoice? | Choose yes or no. |
| The invoice should be issued to: |  |
| Name and surname of the conference participant OR name of the institution:  | Click hereClick here |
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Completed registration forms should be returned no later than **August 31st, 2015** by email to classroomresearch2015@gmail.com

After completing the form, please save the file (*save as*…) giving it a new name in the following format:

*Your surname\_your name(s) COR 2015 Konin*

(e.g. Smith\_John COR 2015 Konin.docx)