

Abstract Form

Title:

Autors:

Affilitation:

Presenting Author:

Profession / Title:

Affilitation:

Mailing Address:

City:

Country:

E-Mail:

Work Phone:

Residence Phone:

Mobile:

Fax:

Presentation:

Oral

Poster

Video length (max. 8min)

System

Pal

Secam

Ntsc

Audio-Visual (Requirements)

Slide Projector

Double Slide Projector

Overhead Projector

Video Projector

Data Show

Other

Body of the abstract :