**REQUEST**

**filled in by the corresponding author**

**(*all fields are required!*)**

|  |  |
| --- | --- |
| **INFORMATION** | **FOR FILLING** |
| Full Name |  |
| Mobile phone |  |
| E-mail |  |
| Name of your organization (according to the Charter of the organization) |  |
| Position |  |
| Conference Direction |  |
| Young scientists section (**yes/no**) |  |
| Publication[[1]](#footnote-1) in the collection of RSCI scientific works with assignment of a digital identifier DOI (**yes/no**), if yes, indicate **article title** and **full names of all authors** |  |
| Publication\* in journal indexed by Web of Science and Scopus bibliographic databases (**yes/no**), if yes, indicate **article title** and **full names of all authors** |  |
| Сontinuing education courses (72 hours) (**yes/no**), if yes, indicate **name of educational programme and full name (s) of the listener (s)** |  |
| Full-time participation in the Conference (**yes/no**), if yes, indicate **full name (s) of the member (s)** |  |
| Full-time participation in the Conference with report (**yes/no**), if yes, indicate **title (s) of the report (s) and full name (s) of the speaker (s)** |  |
| Remote participation in the Conference (**yes/no**), if yes, indicate **full name (s) of the member (s)** |  |
| Remote participation in the Conference with report (**yes/no**), if yes, indicate **title (s) of the report (s) and full name (s) of the speaker (s)** |  |
| Conference Participant Certificate in electronic form (**yes / no**), if yes, indicate **full name (s) of the participant (s) and email address (es)** |  |
| Estimated time of arrival to Divnomorskoye village |  |

**IMPORTANT!**

**WE DRAW UP COTRACTS OURSELVES BASED ON YOUR DATA!**

**The payer data is filling (all fields are required)**

|  |  |  |
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| IF YOU ARE AN **INDIVIDUAL**, then fill out this table | | |
| Name of the Customer on the passport data (fully) | |  |
| Passport data: series, number, passport issued, date of issue, unit code | |  |
| Date of Birth | |  |
| Registration place address (according to the passport data: zip code, region, city, street, house, apartment) | |  |
| The actual address to which DSTU can send out legal documents (zip code, region, city, street, house, apartment) | |  |
| Phone (personal mobile) | |  |
| Email | |  |
| IF YOU ARE A **LEGAL ENTITY**, then fill out this table | | |
| The name of the organization (fully according to the Charter of the organization) |  | |
| Name of the Customer on the passport data (fully) |  | |
| Position |  | |
| Acting on the basis of (Charter, power of attorney (details of the power of attorney) |  | |
| Customer Representative: full name on the passport data (fully) |  | |
| Customer Representative: Position |  | |
| Customer Requisites |  | |
| The actual address to which DSTU can send out legal documents (zip code, region, city, street, house, apartment) |  | |

1. For publication of article (s) of the RSCI, Scopus and Web of Science do not use the same names! [↑](#footnote-ref-1)