**Workshop Registration Form**

***To register to WoTE2024, please:***

Complete this registration form and **return in MS Word format** to [**conference@weri.eu**](mailto:conference@weri.eu)

Please note that there is no registration fee for this conference.

**SECTION 1: CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Last Name** |  |
| **Address** |  | **Phone** |  |
| **Mobile Phone** |  |
| **Email** |  |
| **Post Code / City / Country** |  |  |  |
| **Affiliation (Name of University/Institute)** |  | | |
| **How did you hear about this conference?** | **Direct Email** **Websites (Please Specify):**  **Other (Please Specify):** | | |

**SECTION 2: PARTICIPATION AND PAPER PRESENTATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you presenting a paper or participating as an observer?** | **Presenting Paper**  **Observer** | **How many are you presenting?** | **1  2  3** |
| **If yes, please provide the title of the first paper** |  | | |
| **Title of the second Paper, if exists** |  | | |
| **Are you planning to submit your paper to one of the Journals announced by the Conference?** | **Yes No**  **If Yes - Please provide the name of the Journal:** | | |