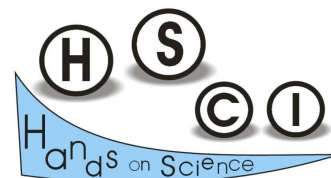




The 16th annual international conference on Hands-on Science,  
HSCI2019

September, 2-6, 2019, Kharkiv, Ukraine

**REGISTRATION FORM**



Title

First (Given) Name, :

Last (Family) Name,

**Details of affiliation:**

Company/Institution

Position

Address

City

Postal code

Country

Phone

Fax

E-mail,

**Information about the presentation:**

Authors

Presenting author

Title of the presentation

**Details of Registration Fee payment:**

Confirmation on payment,

I confirm that I am a participant of the 16th annual international conference on Hands-on Science (HSCI2019), which is organized by the National Technical University "Kharkiv Polytechnic Institute" and I have sent my registration fee by bank transfer.

Total amount of paid Registration Fee,

Currency

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Date (Month / Day / Year),

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(Signature),