# Application Form

# Aleksander Gwagnin i jego kroniki (Alexander Gwagnin and his chronicles)

(Łódź, September 16–17, 2024)

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| --- | --- |
| Full Name |  |
| Title and academic degree |  |
| University/institution |  |
| Address and Tax Identification Number of the university/institution to which the invoice is to be issued |  |
| Email |  |
| Phone |  |
| Title of the paper |  |
| Abstract (max 1500 characters including spaces) |  |

I hereby give consent for my personal data to be processed for the purposes and procedures required by conference organizing committee, in compliance with the requirements arising from the Personal Data Protection Act.

Full Name