Application form for participation in the scientific conference:

*On the topic of the artist’s workshop: painter, sculptor, architect...*

*Cycle II*

Held in Toruń on November 21-22, 2019

|  |  |
| --- | --- |
| **Name, Surname** |  |
| **Title or academic degree** |  |
| **Place of employment** |  |
| **Address of the workplace** |  |
| **Contact address** |  |
| **Phone** |  |
| **Email** |  |
| **Title of the paper / message / poster** |
| **Abstract** |
| **Equipment necessary for the presentation:** |
| **Conference fee** | **PLN 350**  |
| **Conference fee deadline** |  **30 September 2019** |
| **Account number for deposit payment:**45 1160 2202 0000 0000 3174 8579 Bank Millennium S.A.Please add the conference password: ***Warsztat***, plus name and surname of the participantFor participants from abroad: SWIFT: BIG B PL PW IBAN: PL45 1160 2202 0000 0000 3174 8579 |
| **Billing info:****University, Institute:****Address:****NIP (if applicable):****Address to which the invoice is to be sent:** |

The completed application form should be sent back before **5 September 2019** to **warsztatartysty@onet.pl** or by post to the following address:

Katedra Historii Sztuki i Kultury

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Participant’s signature: