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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ssvts logo.jpg | | | | **prednášateľ / *prezentator***  ***Speaker***  ***Údaje / data*** | | | | | | | | | č. z. 2017-02 |
| **AKCIA** | | | | 19. MEDZINÁRODNÁ KONFERENCIA  TEPELNÁ OCHRANA BUDOV 2017  25. - 26. MÁJ, 2017 VYSOKÉ TATRY | | | | | *19TH INTERNATIONALCONFERENCE*  ***THERMAL PROTECTION OF BUILDINGS 2017***  *MAY 25th – 26th, 2017 HIGHS TATRAS* | | | | |
|  | | | | | | | | | | | | | |
| **Meno, priezvisko, titul**  *Name, Surname,Title* | | | | | |  | | | | | | | |
| **Profesné zameranie**  *Professional Scope* | | | | | |  | | | | | | | |
| **Názov spoločnosti inštitúcie**  *Name of company institution* | | | | | |  | | | | | | | |
| **PSČ**  *Post code* |  | | | **Obec**  *City* | |  | | | | | **ulica č.**  *Street No* |  | |
| **Telefónne číslo**  *Phone* | | |  | | | | | **Fax** | | |  | | |
| **e-mail** | | |  | | | | | **www** | | |  | | |
|  | | | | | | | | | | | | | |
| **Názov príspevku**  *Title of the lecture* | | |  | | | | | | | | | | |
| **Požiadavky  na audiovizuálnu techniku**  *Requirements  on audio-visual  technologies* | | |  | | | | | | | | | | |
| **Iné infomácie**  *Other information* | | | □ | | Zúčastniť sa konferencie  *Participation at the conference* | | | | | | | | |
| □ | | Predniesť prednášku názov a krátku anotáciu prikladám  *Presenting the paper I attache the title and short abstract of my lecture* | | | | | | | | |
| □ | | Prezentovať poster  *Poster presentation* | | | | | | | | |
| □ | | Firemná prezentácia  *Company presentation* | | | | | | | | |
| □ | | Vystavovať firemné produkty  *Exhibition of selected product*s | | | | | | | | |
| □ | | Reklamné materiály  *Advertising materials* | | | | | | | | |
| □ | | Reklama do zborníka  *Advertisement to be published in the Proccedings* | | | | | | | | |
| □ | | Generálny partner  *General Partner* | | | | | | | | |
| □ | | Hlavný Partner  *Main partner* | | | | | | | | |
| □ | | Partner  *Partner* | | | | | | | | |
| □ | | Mediálny Partner  *Media partner* | | | | | | | | |
| *□* vyplniť podľa potreby */ fill out what needed* | | | | | | | | | | | | | |
| **Dátum**  *Date* | |  | | | | | **Podpis**  *Signature* | | |  | | | |