Please fill the form and send it to info@iacss2019.ru

|  |  |
| --- | --- |
| Family name |  |
| First name |  |
| Date of birth (Day-Month-Year) |  |
| Place of birth (Country, Region, City) |  |
| Citizenship |  |
| Passport number |  |
| Passport issue date (Day-Month-Year) |  |
| Passport expiry date (Day-Month-Year) |  |
| Affiliation (institution name) |  |
| Position |  |
| Affiliation address |  |
| Affiliation phone |  |
| Expected date of entry to Russia (Day-Month-Year) |  |
| Expected date of departure from Russia (Day-Month-Year) |  |
| City in which one will apply for Russian visa (Country, City) |  |

Please attach a scan copy of your passport page with personal details in PDF or JPEG format.