### ****IAMPS 2025****

### ****REGISTRATION FORM****

*We would like to inform you that the conference will take place directly on the premises of the University of Defence. Therefore, we are required to arrange a permit for your entry. To issue this permit, we need to collect certain personal information that is not typically requested during conference registration. Thank you very much for your understanding.*

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | | |
| Family name |  | | |
| First name(s) |  | | |
| First name(s) initial |  | Date of birth |  |
| ***Affiliation:***  Institution |  | | |
| Department |  | | |
| Address:  Street, no. |  | | |
| Postal code |  | City |  |
|  |  | | |
| Country |  | | |
| Telephone number |  | | |
| Contact e-mail |  | | |
| Number of an ID document (national ID or passport) |  | | |
|  |  | | |
| Visit to Slavkov/Austerlitz (The Cairn of Peace Memorial) – July 2 in the afternoon | YES – NO | | |
| Form of participation | in-person OR on-line | | |
| Do you have any special dietary requirements? | NO  YES – please specify: | | |
| Active participation | YES – presentation  YES – poster  NO  If yes, please fill in the Title of your presentation or poster. | | |
| *Title of your presentation or poster* |  | | |

At IAMPS 2025 Symposium, pictures, images and sound recordings of the event will be made. I am aware of the fact that these recordings may be published on the IAMPS or University of Defence website or be used for IAMPS of University of Defence marketing and advertising purposes in either print or online format.

In:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2025

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please, send this registration form to** [iamps2025@unob.cz](mailto:iamps2025@unob.cz) **before May 12.**

**Please send a confirmation of payment of the conference fee to** [iamps2025@unob.cz](mailto:iamps2025@unob.cz) **before June 23.**