**Participation questionnaire form**

**(each author fills in separately)**

|  |  |  |
| --- | --- | --- |
| Author's Full Name N 1, 2 (full) | |  |
| Organization (place of work) | |  |
| Address | |  |
| Position | |  |
| Academic degree, title | |  |
| Article topic | |  |
| Section number and name | |  |
| Form of participation | with a seal – 15 USD | *Yes or no* |
| No posting (online) - free | *Yes or no* |
| directly - 150 USD (for foreign citizens) | *Yes or no* |
| Contact phone number | |  |
| E-mail | |  |