**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 |  |