**Contemporary Arab World in the International Relations Conference**

Registration Form

Gdańsk, 24th of September 2015

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| **Name** |  |
| **Surname** |  |
| **Academic Degree** |  |
| **Afiliation** |  |
| **Home address** |  |
| **E-mail address** |  |
| **Title of the paper and suggested workshop (SWOT)** |  |
| **Abstract**  **(to 300 words)** |  |
| **Ten latest publications** |  |