
APPLICATION FOR PARTICIPATION OR PAPER SUBMITTAL

Participant

I will participate: with a paper , without a paper

Title of paper :

Address of participant or author:

..... Tel/fax, e-mail

Place and date : Signature

**To be sent to the Organizer's address: CROATIAN SOCIETY OF CIVIL ENGINEERS, Berislavićeva 6, Zagreb
Phone/Fax: 01/48 28 053; e-mail: marija@grad.hr**

**PERSONS WISHING TO PARTICIPATE WITHOUT A PAPER SHOULD SPECIFY THE FORM OF ACTIVITY AT THE CONGRESS,
AND PARTICIPANTS WITH PAPERS SHOULD BRIEFLY DESCRIBE THE CONTENT OF THEIR PAPERS**
