**INTERNATIONAL CONFERENCE ON COSMETOLOGY**

8th – 10th October 2025, HOTEL PARK\*\*\*\* Piešťany

**REGISTRATION FORM**

First Name:

Surname:

Company / Institution:

Address:

City / ZIP Code:

Country:

E-mail:

|  |  |  |
| --- | --- | --- |
| **I am interested in presenting the** | lecture | poster |

Authors

Title

|  |  |  |
| --- | --- | --- |
| **Company exhibition** | yes | no |

|  |  |  |
| --- | --- | --- |
| **I am booking accommodation at the PARK Hotel for 2 nights (8th and 9th October 2025).** | | |
| room | single | double |
| in double room with: | | |

Select only one option.

Date       Name

Send to the address: [skz@kozmetologia.sk](mailto:skz@kozmetologia.sk)

In accordance with of Act no. 18/2018 Coll. on personal data protection and on the amendment of certain laws, you grant the Slovak Cosmetology Association consent to the processing of the personal data provided in this registration form. The data will be processed in accordance with the above Act and GDPR for the purpose of keeping records of participants and carrying out activities according to the statutes of the civic association.