**Application Form for participation in Webinars:**

**Dissemination of the Knowledge on Application of Ionising Radiation for Sterilization of Medical Equipment, Personal Protection Equipment and the other Microbiologically Infected Objects**

Oct.07th 2020 at 2 pm

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|  |  | **Please select** |
| **Title** |  | Mr., Mrs., Dr., Prof. |
| **First name** |  |  |
| **Family name**  |  |  |
| **Institution**  |  |  |
| **Institution type** |  | Academia, Institute, Industry, Hospital, Other |
| **Professional activity/position** |  | Student, Teacher, Doctor, Researcher, Health Operator, Entrepreneur, Other  |
| **Country** |  |  |
| **Address\*** |  |  |
| **e-mail** |  |  |

\*optional

Please send the filled Application Form to: radiation.sterilization@ichtj.waw.pl