



## PARTICIPANT REGISTRATION FORM XXXII<sup>nd</sup> INTERNATIONAL WELDING CONFERENCE, Hungary, Dunaújváros, June 6-8, 2024

Name		
Position:		
Company:		
Mailing address:		
Billing address:		
Telephone		Fax:
e-mail:		
I, the undersigned, hereby register for as follows:	r the XXXII <sup>nd</sup>	International Welding Conference
Standard participation fee		
As a member of MAHEG, MAROVISZ	Z, MAGÉSZ	
As a member company of MHtE		
As a full-time student of higher educa	tion institutio	ns*
As a doctoral student:		
As a pensioner*		
*In the case of being an individual member o	f MAHEG, MAR	OVISZ, MAGÉSZ
I acknowledge that sending the constitutes a service order and invoinvoice for the incurred costs based weeks and confirm this during the reconference is available on the		