



Submission Form

Session title			
Session type	Commissions/Task Force Session or Thematic Session		
Commission Name or Corresponding Key Topic			
Chair of the session:			
First name		Last name	
Affiliation			
Address			
Email			
Telephone		Fax	
Co-chair of the session:			
First name		Last name	
Affiliation			
Address			
Email			
Telephone		Fax	
Please provide below 3-4 names and affiliations of those who are expected to attend the conference and give oral or poster presentations in the session:			
1.			
2.			
3.			
4.			
A short description of the session topic, aim, content etc. (max. 1 standard page):			

Please send the form to igras100@igras.ru no later than **01 November 2017**, thank you!