



**“ Cuba-SNIP-2023 ”**

**Preliminary Registration**

<b>Surname/Names:</b>	
<b>Specialty:</b>	
<b>Institution/Address:</b>	
<b>Country:</b>	
<b>State:</b>	
<b>Municipality:</b>	
<b>Province:</b>	
<b>Mobile phone:</b>	
<b>Personal identification (identity card, passport or other):</b>	
<b>E-mail/main author:</b>	
<b>Work title:</b>	
<b>Authors:</b>	
<b>Presentation Modality:</b>	

Please sent this information by e-mail to: [zhaily@ipk.sld.cu](mailto:zhaily@ipk.sld.cu)