**X Anniversary International Congress “ERA-GLONASS”**

**APPLICATION FOR PARTICIPATION**

**(Application must be completed electronically)**

|  |  |
| --- | --- |
| Company name |  |
| Contact person (full name) |  |
| Position |  |
| Phone |  |
| Cell phone |  |
| E-mail |  |

|  |  |
| --- | --- |
| **1st participant** Full name, position – in English and Russian, (phone, e-mail): | **FREE** |
|  |
| **2nd participant**Full name, position – in English and Russian, (phone, e-mail): |
|  |
| **3rd participant**Full name, position – in English and Russian, (phone, e-mail): |
|  |

Please send your completed application in Word format by e-mail: **info@congress-glonass.ru**

Additional information by phone: +7 (495) 766-51-65; +7 (495) 988-47-10