

INVOICE DETAILS:

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| Company name | | | |
| Address | | | |
| City | | Post code | |
| Tax identification number | | E-mail address(es) to which the PDF invoice should be sent | |

SENE'25 conference fees:**PARTICIPANTS to whom the fee applies**

| Name | e-mail | Phone no. | Amount | IEEE no.* |
|------|--------|-----------|--------|-----------|
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*) in the case of a reduced fee

Sum:

Please fill and send a completed form to: anna.stolarczyk@p.lodz.pl no later than on the day the payment is made to the account **03 1240 3028 1111 0010 3741 8675, Politechnika Łódzka Instytut Automatyki 90-537 Łódź, Stefanowskiego 18, NIP: 727-002-18-95.**