**SESTEF 2025 – Registration Form**

Dates: 10–12 December 2025 • Location: Podgorica, Montenegro • Website: https://sestef2025.sciencesconf.org

**A. Participant Information / Informations du participant**

|  |  |
| --- | --- |
| Title (Prof./Dr./Mr./Ms.) |  |
| First name / Prénom |  |
| Last name / Nom |  |
| Affiliation / Institution |  |
| Position / Fonction |  |
| Email \* |  |
| Phone (with country code) |  |
| Full postal address / Adresse postale complète |  |

**B. Paper & Participation / Communication & participation**

|  |  |
| --- | --- |
| I will present a paper / Je présenterai un article | ☐ Yes / Oui ☐ No / Non |
| Paper title / Titre de l’article |  |
| Track / Thématique (optional) |  |
| Co-authors / Co-auteurs (optional) |  |

**C. Registration Category & Fees / Catégorie & frais d’inscription**

Early-bird deadline / Date limite tarif : **3 November 2025** (payment received).

All fees include conference materials, coffee breaks, and lunch buffets. / Les frais incluent les documents, les pauses café et les déjeuners.

Please tick one category / Veuillez cocher une catégorie :

|  |  |  |  |
| --- | --- | --- | --- |
| Category / Catégorie |  |  | Select / Sélection |
| Ph.D. Student / Doctorant(e) | €250 |  | ☐ |
| Academic & Professional / Académique & Professionnel | €400 |  | ☐ |
| Industry / Industrie | €400 |  | ☐ |
| Online (access only) / En ligne (accès) | €100 |  | ☐ |

**D. Add‑ons / Options additionnelles**

|  |  |  |
| --- | --- | --- |
| Item / Option | Unit Price / Prix unitaire | Qty / Qté |
| Accompanying person fee / Accompagnant (gala only) | €50 | \_\_\_\_ |

**E. Logistics & Support / Logistique & assistance**

|  |  |
| --- | --- |
| Visa support letter required? / Lettre de visa requise ? | ☐ Yes / Oui ☐ No / Non |
| Dietary requirements / Régimes alimentaires |  |
| Allergies (if any) / Allergies (le cas échéant) |  |
| Accessibility needs / Besoins d’accessibilité |  |
| Other requests / Autres demandes |  |

**G. Payment Method / Mode de paiement \***

**Bank Transfer Information (RIB)**

* **Account Holder:** OneHealthAI
* **Bank Name:** Qonto
* **IBAN:** FR76 1695 8000 0108 4415 1812 916
* **BIC / SWIFT:** QNTOFRP1XXX
* **Account Holder Address:**  
  OneHealthAI  
  60 rue François 1er  
  75008 Paris, France

**H. Signature / Signature \***

|  |  |
| --- | --- |
| Place & Date / Lieu & date | Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Organizing Committee contact / Contact Comité d’organisation :

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Phone: +33669165188