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| **APPLICATION FORM FOR**  **30th Croatian- Slovenian Crystallographic Meeting**  Veli Lošinj, Croatia; 12th – 16th June 2024 | | | | |
| **ABSTRACT DETAILS** | | | | |
| **Name(s) of author(s)** | Click here to enter text. | | | |
| **Title of abstract** | Click here to enter text. | | |  |
| **Topic** | Choose an item. | | |  |
| **Time of presentation** | Click here to enter text. | | |  |
| **Presenting author for**  **this paper** | Click here to enter text. | | |  |
| **REGISTERED PARTICIPANT** | | | | |
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|  |  | | | |
| **I will attend the**  **conference trip** | Yes | No | No. of persons |  |
| **I will take part at**  **the conference dinner** | Yes | No | No. of persons |  |

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