**Author's Questionnaire**

Fields marked with \* are mandatory

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| --- | --- |
| Full Name \* |   |
| Title\*  |   |
| Position\*  |   |
| Place of work\* name of educational institution / medical facility |   |
| Department\* |  |
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| Mobile phone(with international country code) |   |
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| The last 2-3 publications(title of the article, year, journal) |   |
| Main fields of scientific interests |  |
| Professional experience(number of years) |  |