**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 |  |
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| Postal address of the educational institution / medical facility (with index)\* |  |
| 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) |  |