

## Title

**Please choose: Oral or poster**

Name<sup>1</sup>, Name<sup>2</sup> and Name<sup>3\*</sup>

*Affiliations (university/institution, department and division - if possible)*

*\*telephone number and the e-mail of the applicant*

*Symposium session that you will submit your paper*

• Session A: Analytical & Inorganic Chemistry	<input type="checkbox"/>
• Session B: Physical Chemistry	<input type="checkbox"/>
• Session C: Organic Chemistry	<input type="checkbox"/>
• Session D: Applied Chemistry	<input type="checkbox"/>
• Session E: Biochemistry	<input type="checkbox"/>

## Abstract

*Keywords:* keyword1, keyword2, keyword3