XII INTERNATIONAL SCIENTIFIC CONGRESS Form A

INNOVATIONS 2026

22 - 25 JUNE, 2026, VARNA, BULGARIA

Please return this response form to the by e-mail: office@innova-eng.eu till 15.04.2026

AUTHOR'S RESPONSE FORM

For participation in the Scientific program

Scientific Degree:

First Name and Surname: _____

Position: _____ Organization: _____

Post Address for correspondence (postcode, city, str./house/ building, №, fl., etc.)

Country: _____ Fax: _____

Phone: _____ Mobile phone: _____

E-mail: _____ Skype: _____

I WANT TO PRESENT:

In the scientific program:

I send the exact title of the paper:

and the abstract:

and I want to participate in the:

☐ Plenary Session ☐ Section Session or ☐ Poster Session

in the following thematic direction:

☐ 1. **THEORETICAL PROBLEMS IN INNOVATIONS**

☐ 2. **INNOVATION POLICY AND INNOVATION MANAGEMENT**

☐ 3. **INNOVATIVE SOLUTIONS**

Date:

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