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| **Form of Participation****(without paper presentation)****(The 10th International Conference on Languages, Linguistics, Translation and Literature)** |
| **Please fill out the form carefully and send it through info@tlll.ir**  |
| Title (Mr. / Ms.): |
| First name: |
| Last name: |
| Institution / Organization: |
| Academic degree: |
| Current situation (Teacher / Student / Retired): |
| Email: |
| Mobile number: |
| WhatsApp number(*If any*): |
| Postal address: |
|  | **Does your family wish to join the conference?** (It is free)(Yes or No, if yes, please explain how many members?) |