Registration Form

Obligatory for each participant

Name: □ Mr. □ Mrs. Address:
Phone: Fax: e-mail:
Name of author(s): Title of Paper:
Accompanying persons: ☐ yes ☐ no
Required accommodation for nights: ☐ 11 / 12 September 2017 ☐ 12 / 13 September 2017 ☐ 13 / 14 September 2017
Required lunches in the University Canteen: ☐ 12 September 2017 ☐ 13 September 2017 ☐ 14 September 2017
I prefer: ☐ oral presentation ☐ poster
I am interested in a Book of Abstracts (7 EURO) ☐ yes ☐ no
I am interested in a Peer-reviewed Proceedings (12 EURO) ☐ yes ☐ no
Date of conference fee payment: Comments:

This application form should be sent by 31 July 2017.

Address:

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