

Registration Form

First name:Surname:

Scientific degree:Institution:

Mail address:

City: Postal code:

Phone:..... Fax:

E-mail:

The title of the scientific paper:

Section:

Author(s):

Presentation form: ► verbal presentation []

► poster []

Accompanying persons: surname, first name.....

I want to stay at the hotel for the following nights:

May --/-- []

May --/-- []

May --/-- []

I want

► to make a reservation for a single room []

► to make a reservation for a double room []

Note

Please mark with an X between the square brackets to indicate your choices or leave blank if not applicable.

The registration forms must be completed and sent until 15.03.2017, via e-mail to the addresses: simpoziongb@gmail.com