

### REGISTRATION FORM

NAME:

GIVEN NAME(S):

AFFILIATION:

E-MAIL:

I SUBMITTED AN ABSTRACT FOR  ORAL  POSTER PRESENTATION.

I PAID \_\_\_\_\_ € AS REGISTRATION FEE TO 

TRANSACTION ID:

ACCOMPANYING PERSON:  YES  NO

DIETARY REQUIREMENTS: REGISTERED MEMBER | ACCOMPANYING PERSON

VEGETARIAN

LACTOSE FREE

OTHER (PLEASE SPECIFY):

PLEASE SEND FILLED REGISTRATION FORM TO [secretary@uv4plants.org](mailto:secretary@uv4plants.org).