

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.