



PRESS REGISTRATION FORM

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Registration and Accommodation department
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IDENTIFICATION

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

Participant (Please TYPE or PRINT IN BLOCK LETTERS)

Family Name Initials First Name

Title ☐ Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms Year of birth [YYYY]

E- Mail Address @ Mobile phone: Country code / mobile number

Office Address

Institute Dept.

No. Street Suite/Apt.

City State/Province Country Postal code

Telephone (office hours): Country code/city code/number Fax: Country code/city code/number

Mailing Address (if different from the above)

Address

City State/Province Country Postal code

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REGISTRATION

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