

PRESS REGISTRATION FORM

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Rue François-Versonnex 7, 1207 Geneva, Switzerland
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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)

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REGISTRATION

☐ **PRESS EXEMPT – FULL REGISTRATION***

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For ACCOMMODATION please visit our website at:
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Date _____ Signature _____