

28 -21 August

PRESS REGISTRATION FORM

Please PRINT in BLOCK LETTERS and FAX, Email to:

Registration and Accommodation department
 Rue François-Versonnex 7, 1207 Geneva, Switzerland
 Tel: +41 22 908 0488, Fax: +41 22 9069140
 E-mail: reg_ics18@kenes.com



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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Date _____

Signature _____