

PRESS REGISTRATION FORM

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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

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REGISTRATION

PRESS EXEMPT – FULL REGISTRATION*

**Please send your registration & accommodation form together with a copy of your press ID and/or written confirmation from your work place*

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<https://www.ics.org/2020/hotels>

Date _____

Signature _____