**XI ANNIVERSARY INTERNATIONAL SYMPOSIUM ON APHIDS**

**Katowice-Targanice, 11-17.09.2021**

**REGISTRATION FORM**

**Accompanying person**

|  |  |  |
| --- | --- | --- |
| 1 | Name: |  |
| 2 | Surname: |  |
| 3 | e-mail: |  |
| 4 | Institution: |  |
| 5 | Address: |  |
| 6 | Country: |  |
| 7 | Oral speech\* |  |
| 8 | Poster\* |  |
| 9 | Vegan menu: |  |
| 10 | Allergies: |  |
| 11 | Invoice info: |  |