**XI ANNIVERSARY INTERNATIONAL SYMPOSIUM ON APHIDS**

**Katowice-Targanice, 11-17.09.2021**

**REGISTRATION FORM**

**Full participant**

|  |  |  |
| --- | --- | --- |
| 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: |  |

**Oral speech** \*\*

|  |  |
| --- | --- |
| Title: |  |
| Authors: |  |
| Presenting author: |  |

**Poster \*\*\***

|  |  |
| --- | --- |
| Title: |  |
| Authors: |  |
| Presenting author: |  |

\* please indicate by **X** which kind of contribution you plan to present (one or both)

\*\* if you plan to give more speeches please copy the table

\*\*\* if you plan to present more posters please copy the table