

THIS REGISTRATION FORM SHOULD BE SENT TO:

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Personal Information:

Family Name:____

Given Name(s):____

Affiliation:____

Address:____

Country:____

Telephone: ____

Fax: _____

e-mail address:____

Please mark:

I am affiliated with NuGO/SYSDIET members: ____

I am not affiliated with Non-NuGO/SYSDIET members: ____

I am an accompanying person:____

Requirements:

Date of arrival:____

Date of departure:_____

Single room:____

Double room sharing with:____

Special requirements:_____

Abstract information:

First author:____

Title: ____

Date, Place and Signature:_____