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| **ANIMAL PHYSIOLOGY 2017**21st – 23rd June 2017**Congress center ACADEMIA****Stará Lesná, Slovakia****Registration form** |

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| --- | --- |
| **Name, surname, title** |  |
|  |  |
| **Institution** |  |
|  |  |
| **Address** |  |
|  |  |
| **City** |  |
|  |  |
| **State** |  |
|  |  |
| **e-mail** |  |
|  |  |
| **Telephone** |  |

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| --- | --- |
| **Title of presentation** |  |
|  |  |
| **Author(s)** |  |

**I prefer to participate with\*** (click right button and choose Preferences)**:**

[ ]  **Oral presentation** [ ]  **Poster presentation**

*\*The organizers reserve the right to decide about a final allocation of individual presentations*

**I am booking accommodation at the Congress center ACADEMIA for following nights:**

[ ]  **Wednesday 21st** [ ]  **Thursday 22nd**

[ ]  **Friday 23rd** [ ]  **Saturday 24th**

|  |  |
| --- | --- |
| I wish to share my room with (name/nobody):  |  |
|  |  |
| I wish to book accommodation for accompanying person: |  |

Dietary requirements:

[ ]  **None** [ ]  **Vegetarian** [ ]  **Celiac**

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| **Date of registration** (dd-mm-yyyy) |  |

**Please, pay the participation fee (150.00 €) by bank transfer before 2. 6. 2017**

IBAN: SK32 8180 0000 0070 0055 1779

8180 Štátna pokladnica / State Treasury

Message to the recipient: AP2017 + surname(s) of the participant(s)

**Send this form by e-mail to** **ap2017@saske.sk**

*For further information see conference website:* [*https://sites.google.com/site/physiologyanimal2017*](https://sites.google.com/site/physiologyanimal2017)