



EuFMD REGISTRATION FORM - Details for logistical arrangements and payment method

Participant Details						
NAME						
Family Name/SURNAME						
COUNTRY						
POSITION/ Title						
INSTITUTION/COMPANY						
DIVISION/UNIT						
Main e-mail:						
Office Tel. No.:						
Mobile phone no.:						
Address						
Zip code:	TOWN ::					
Country:						
Travel details (to organize transfer)						
Flights Details						
Alternative itineraries						
Accommodation and arrangement details						
Arrival Check IN						
Departure Check OUT						
Hotel Name (single/double Room)						
Name Accompanying person						
Social Event (if you intend to participate)	28 Oct.	<input checked="" type="checkbox"/>	29 Oct.	<input checked="" type="checkbox"/>	30 Oct.	<input checked="" type="checkbox"/>
Registration Fee Payment Method						
Bank Transfer	<input checked="" type="checkbox"/>	Via Credit Card	<input checked="" type="checkbox"/>	Amount Registration Fee	_____ €	
Comments						
POOL Vaccine	<input checked="" type="checkbox"/>	Diet		Third Party Payment (name)		

Fee payment by credit card: fill this [form](#) in and send to Palma.Panaro@borgoegnazia.com cc OS18-FMD-general@fao.org

Hotel Reservation in OS selected hotels: Use this [form](#) to see conditions of booking and book with the hotel

Abstract submission please contact: OS18-FMD-abstracts@fao.org