

REGISTRATION FORM

**5th Annual Scientific Congress on
ZOOSES, FOODBORNE AND WATERBORNE DISEASES
– PROTECTION OF PUBLIC AND ANIMAL HEALTH
BRATISLAVA 18. – 20. october 2016**

Last Name (e.g. Doe): _____

Surname (e.g. Jane): _____

Title (e.g. Ms/ Dr./ Prof.): _____

Institution: _____

Address: _____

E-mail address: _____

Country: _____

I plan to attend the conference on:

18.10.2016 19.10.2016 20.10.2016

Attendance: Oral presenter Poster presenter

Non-presenter/Audience

Title of the lecture/poster contribution: _____

Authors: _____
