

REGISTRATION FORM

SECOND SEEEP CONFERENCE

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Secretariat/Parasitology Days in Croatia

Albert Marinculic, Dept of Parasitology and Parasitic Diseases with Clinics, Faculty of Veterinary Medicine University of Zagreb, Heinzelova 55, 10 000 Zagreb, tel. +385 1 23 90 362, fax +385 1 23 90 362, mob. +385 98 982 9107, e mail parasitecroatia@gmail.com

Identification

Please complete this section accurately; the information you provide will allow us to correspond with you efficiently, and will also be used on your delegate badge at the Congress.

Participant (Please TYPE or PRINT IN BLOCK LETTERS)

Surname _____ Degree(s) _____

First Name _____ Middle Initial(s) _____

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Department _____

Institution _____

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List only those individuals registering to the Accompanying Persons' Program:

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REGISTRATION FORM

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REGISTRATION FORM

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