**XXIII MEETING OF THE EUROPEAN CONFEDERATION OF MEDITERRANEAN MYCOLOGY (C.E.M.M.) - REGISTRATION FORM**

|  |  |  |
| --- | --- | --- |
|  | **NAME**  |  |
|  | **SURNAME**  |  | **DATE OF BIRTH** |  |
| (1) | **ASSOCIATION**  |  |
|  | **ADDRESS**  |  |
|  | **POSTAL CODE**  |  | **CITY** |  |
|  | **COUNTRY**  |  | **TELEPHONE**  |  |
|  | **E-MAIL**  |  |
| (2) | **TYPE OF ASSISTANCE?**  | **PARTICIPANT** |  | **COMPANION**  |  | **STUDENT** |  |
| (3) | **SHARE A ROOM WITH?**  |  |
| (4) | **SPACE FOR MICROSCOPE?**  | **YES/NO** | **DESSICATOR?** | **YES/NO** |
| (4) (5) | **COMMUNICATION** | **ORAL** | **YES/NO** | **POSTER** | **YES/NO** |
| **TITLE**  |  |
| (4)(6) | **OPTIONAL FIELD ACTIVITIES** | **FAIA BRAVA**  | **YES/NO** | **DUNAS DE S.JACINTO** | **YES/NO** |
| (7) | **FOOD OPTION** |  | (4) | **MUSHROOMS**  | **YES/NO** |

*(1) If the Association is not in the CEMM, indicate "NO CEMM"*

*(2) Mark with an X. Participants and companions have different daily programs*

*(3) You must send a registration form for each.*

*(4) Choose accordingly.*

*(5) A summary of the communication will be send to* ***gmarques@utad.pt*** *before* ***September 30, 2015****. The communication should be delivered (digital format) at the beginning of the meeting.*

*(6) You can choose both.*

*(7) Indicate if you need some kind of special care (diabetes, gluten, salt, vegetarian, etc..)*

**Please fill in all the sections.**

**Send to *apantorra@gmail.com* before June 30, 2015, enclosing a copy of the transfer payment\***

**or send to the following address:**

**Associação Micológica A Pantorra**

**Apartado 11**

**5200-999 Mogadouro PORTUGAL**

**\*50% of the hotel price and the registration fee. For those that don’t stay at the hotel 50€ and the registration fee.**