--- Registration Form ---

***Please complete the information below***

### 1. Participant Information

Title (Ms./Mrs./Mr./Dr./Prof./…):

First Name, Initial, Family Name:

Affiliation:

Address:

E-mail:

Presentation form:\* oral/poster *\*The organizers reserve the right to select the form of presentation*

Enter the competition for EBSA supported student talk: [ ]

### 2. Special Requests

Please, specify any special requirements and/or diet preferences you may have:

### 3. Comments

Please, put any other comments here:

Thank you for your interest in the meeting. We are looking forward to welcoming you to Bratislava!

***Please e-mail the filled form to*** **EJTEMM2016@fpharm.uniba.sk**

***and remember to send us your abstract and participation fee***