**4th EUFRIN PLUM AND PRUNE WORKING GROUP MEETING**

5–7 September 2018

Jelgava, Latvia

# Registration form

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| **Prof.** |  | **Mr.** |  | **Ms.** |  |
| **Dr.** |  | **Mrs.** |  |  |  |

Mark the necessary with **×**

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| --- | --- |
| **Family name:** |  |
| **First name:** |  |
| **Institution:** |  |
| **Institution VAT number:** | [if institution has VAT number] |
| **Postal address:** |  |
| **Telephone:** |  |
| **Fax:** |  |
| **Email:** |  |

**Presentation**(s)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title:** |  | | | | |
| **Authorship:** |  | | | | |
| **Type of presentation\*:** | **Oral:** |  | **Flash:** |  |  |

\* Scientific committee keep rights to change the type of presentation.

You can add more titles of presentations by copying this table.

**Dietary or other special requirements**

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| **Date:** |  |

This form should be send by email to Ilze Lesiņa (secretary), e-mail: *ilze.lesina@llu.lv.*