



4th Meeting of the International Phytoplasmologist Working Group

VALENCIA, SPAIN • SEPTEMBER 8-12, 2019

REGISTRATION FORM

GENERAL INFORMATION

Family Name _____

First Name _____

Institution/Company _____

Address _____

City _____

Country _____ Zip Code _____

Telephone _____ Fax _____

E-mail _____

Food Restrictions _____

Fiscal Code _____
(Only for Italian participants)

By checking this box I give my Authorization for Privacy Policy in compliance with the Regulation (EU) 2018/1725 *(required)*

PAYMENT INFORMATION Please specify to whom the receipt should be addressed

Family and First Name _____

Institution/Company _____

Address _____

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Participant

Student / Retired

Accompanying Person