

Leishmaniasis 2018

Registration Form



I International Symposium on Leishmaniasis

29th - 31st October 2018

Profile



Title

First name:

Last name:

Affiliation:

Country:

E-mail address:

Phone number:

Main address



Street

Postal-Code

City

Country

Participant Information



Please select one option for your contribution

Participation Only

Poster

Shot-gun presentation for young scientists

Oral presentation for advanced researchers

Accompanying Persons

How many persons

Yes

No

First Name, Last Name; (Press Enter)

CONFERENCE FEES

REGISTRATION AND PAYMENT	BEFORE April 15th 2018	AFTER April 15th 2017
Delegate (With Gala Dinner)	480€	580€
Delegate	450€	550€
Student* (PhD, Master, Graduate) (With Gala Dinner)	230€	330€
Student* (PhD, Master, Graduate)	200€	300€
Accompanying persons (With Gala Dinner)	180€	230€
Accompanying persons	150€	200€
Industrial / Non-Academics(With Gala Dinner)	580€	680€

CONFERENCE VENUE

HOTEL RESERVATION WILL NOT BE DONE BY THE CONFERENCE ORGANIZATION. Please be sure that you have done your hotel reservation in the conference venue

Please save the registration form and send it to jlcapelom.leishmaniasis2018@bioscopegroup.org