

BioNat-5
1 - 3 Dec 2017 Cyprus
Partner Reservation Form

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Academic Institution:

Full Address:

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Postal code:

Country:

Institute activities:

Telephone:

Land line tel:

Fax:

Contact person:

Position of contact person:

Mobile:

Email:

Web address:

Notes:

Signature:

Date:

All correspondence concerning partnership will be directed to your designated contact person at the address above. **Instructions for complimentary registrations will be sent after form is received.**

Partnership Policy

The form should be received before **October 1, 2017**.

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Note: Please fill in the form, sign, and scan then send it to bionat.congress@gmail.com along with company's logo (transparent high resolution).