

PAMMS 2011 REGISTRATION FORM

Please complete and return via email or fax before January 15, 2011

4th PAMMS 2011 Conference

Ahmad M. Moharram (Chairperson of 4th PAMMS 2011)

Assiut University Mycological Centre, Faculty of Science, Assiut University, 71516, Assiut, Egypt,

Tel & Fax: +2 088 2361152 , Mobile: +2 0164066096

E-mail: ahmadmhrm@yahoo.com

REGISTRATION: DELEGATE DETAILS									
Title (Prof, Dr, Mr, Mrs, Ms)		Surname		Initials		First Name			
Institution / Organisation									
Postal address									
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Country				Letter of Invitation	Yes		No		
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Work Fax number	Code		Number						
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Dietary requirements	Halal		Vegetarian		Others				
ACCOMPANYING PERSONS (1)									
First Name				Surname					
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ACCOMPANYING PERSONS (2)									
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