

1st Scientific Meeting of the Nordic Society for Medical Mycology

Stockholm, March 12, 2004

Trends in Nordic Medical Mycology

REGISTRATION FORM

Please complete in BLOCK CAPITALS and ensure that ALL sections of the form are completed as required. A separate registration form is required for each person attending the meeting.

TITLE:	FULL NAME:
WORK ADDRESS:	
Tel (daytime):	Fax:
E-mail:	

Registration: Please tick as required.

Please note that lunch and dinner are free for members of Nordic Society for Medical Mycology.

Please tick if you will have lunch and/or dinner	
Lunch	<input type="checkbox"/>
Dinner	<input type="checkbox"/>

Please tick for special dietary requirements:	Vegetarian	<input type="checkbox"/>
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Signature	Date
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Please send the registration form **no later than 12th of February 2003**, to:

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Further information can also be found at: www.nsmm.nu