

Registration form

First name:	
Last name:	
Affiliation:	
Address:	
Postal code:	City:
Country:	
E-mail address:	
Telephone:	
Date of arrival:	Date of departure:
Participation to the kick-off meeting dinner on T	hu. 8 th October:
Do you have a dietary restriction?	
Are you interested by the shuttle bus from Perp	ignan airport
to Collioure on Monday morning October 5 th ?	
Are you interested by the shuttle bus from Collid	oure to
Perpignan airport on Friday afternoon October 9	^{oth} ?
Accompanying person(s) participating to the kick	k-off meeting dinner

Title of the abstract for oral or poster presentation: