

Registration and useful information for the participation to the next IACCM COFERENCE

SURNAME _____

NAME _____

AFFILIATION _____

EMAIL _____

TITLE OF THE PRESENTATION _____

PREFERRED PANEL _____

KIND OF CONTRIBUTION _____

FOOD PREFERENCES/ALLERGIES/INTOLERANCES _____

AUTHORISATION TO USE PHOTOS, VIDEOS, IMAGES

☐

YES

☐

NO

PAPER IN THE PROCEEDING

☐

YES

☐

NO



**PLEASE NOTE THAT THE REGISTRATION IS EFFECTIVE ONLY AFTER THE BANK TRANSFER.
SEE DETAILS ON THE WEBSITE OF THE CONFERENCE**