EPM2021 registration form

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| --- | --- |
| Name |  |
| Surname |  |
| Organization |  |
| Position |  |
| City |  |
| Country |  |
| E-mail |  |
| Telephone |  |
| Are you going to submit an abstract? |  |
| Would you like to receive an invoice? |  |
| Billing details for invoice: |  |

Send this form to EPM2021@lu.lv