

Registration form

Title : □ Mr. □ Ms. □ Prof. □ Dr.

Last Name : First name :

Affiliation:

Address :

Tel. : Fax :

Email :

□ I will attend the conference

□ I would like to present one or two papers

□ I will be accompanied by:

 - First and last names:

I join the payment of the registration fees : ………. CAD.

Date : Signature :

To be returned before the 22th of March 2019 for early bird registration.