

(2) Contact information

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6. Reply form and suggestions:

Family Name:	Given Name:
Country:	Gender:
Title:	
Institution:	
Mailing Address:	
Telephone:	Fax:
Email:	

Please fill YES or NO in the blanks:

<input type="checkbox"/>	I will give an oral presentation, the title is:
<input type="checkbox"/>	I will join the post-symposium field trip

(Provide the title of the presentation, if possible)

Suggestions: