



LEIDS UNIVERSITAIR MEDISCH CENTRUM

REGISTRATION FORM

10th WADDENSYMPOSIUM ON:

“Antibodies: central players in therapy and disease”

June 24 – June 26, 2018

Name _____ Title _____ M/F
Address of Institute _____
City (+ zipcode) _____
Country _____
Phone nr. _____ Fax nr. _____
E-mail _____

Title of presentation: * _____

*For invited speakers: the abstracts will be part of the program book
*Since only limited places are available, registrations from non-invited speakers will be selected for participation based on the Waddensymposium 2016 topic related abstracts and the CV of the applicant.

Planned date and time of arrival: _____

Planned date of departure: ** _____

Special diet requirements: YES / NO _____

**Due to the workshop nature of the meeting attendance during the whole symposium is strongly appreciated. For a possible earlier leave: please contact the congress secretariat.

Please return this form to:

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E-mail: a.n.gunthardt@lumc.nl.

Signature _____ Date _____

