



**Invitation to the International Workshop on**

**“Integrated education in *One Health”***

**Hungarian Academy of Sciences, Budapest, 5 June 2013**

***Registration Form***

Please complete this form, and return it to the IAMP and FEAM Secretariats by emailing [iamp@twas.org](mailto:iamp@twas.org) with cc: [laurence.legros@feam.eu.com](mailto:laurence.legros@feam.eu.com), at the earliest convenience,

***but no later than 22 May 2013.***

1. **Please provide your contact information (please print)**

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| --- | --- | --- | --- |
| **Salutation:**  **(please circle)** | Dr. Mr. Mrs. Miss. Other (please insert): | | |
| **First name:**  **(as on your passport)** |  | | |
| **Last name:**  **(as on your passport)** |  | | |
| **Professional Title:** |  | | |
| **Organisation:** |  | | |
| **Mailing address:** |  | | |
| **City:** | **Province:** | | **Postal Code:** |
| **Country:** |  | | |
| **E-mail address:** |  | | |
| **Phone number (office):** | | **Phone number (home):** | |
| **Mobile phone number:** | | **Fax number:** | |

1. **Attendance Confirmation**

* I will attend the Workshop on 5 June 2013.
* *And* I would like to submit material for dissemination via the Workshop’s WebPages or onsite.