



Participation Form

- Name:
- E-mail:
- Institution:

- Country:

- Invoice address for participation fee*:

- Are you author/coauthor of an abstract accepted for the conference? (yes/no):
- Name(s) of accompanying person(s):

- Passport number (personal ID):
- Special needs :

- Do you belong to CIDMA (UA)? (yes/no):
- If you are student, please indicate the degree (undergraduate, MSc, PhD) :

Please send this form to DMAT-miniEURO2014@ua.pt before December 15, 2013.

* The participation fee needs to be paid by the bank transfer. Payment instructions you can find on the [website](#).