Ein Bild, das Wasser, Text, draußen, Berg enthält.

Automatisch generierte Beschreibung

REGISTRATION FORM

Personal data

Last name:       First name:       Title/Degree:

Institute:

Street | No.:

ZIP:       City:       Country:

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Please send this registration form to [epithelialsymposium@gmail.com](mailto:epithelialsymposium@gmail.com).

You will then receive a confirmation email with the request of registration payment. Send the payment confirmation of your bank to [epithelialsymposium@gmail.com](mailto:epithelialsymposium@gmail.com).

Registration Fee CHF 220.00 including 2 lunches, 4 coffee breaks and 1 dip & discuss dinner

Please transfer the amount to the following bank account and attach the payment confirmation to this form:

Bank: Credit Suisse, Promenade 65, CH-7270 Davos Platz

Account: 0187-544150-91-17

IBAN: CH52 0483 5054 4150 9101 7

Swift: CRESCHZZ80A

Company: Schweiz. Institut für Allergie- und Asthmaforschung

Herman-Burchard-Strasse 9, CH-7265 Davos Wolfgang

Accommodation

Please book your hotel via: https://ferienshop.davos.ch/en/hotels

Abstract submission open from 01 until 15 June 2024

Abstract submission form available for download on <https://www.siaf.uzh.ch/Epithelial_Symposium_2024.html>.

We are looking forward to a great summer symposium in Davos!

Your organizing committee