

## Registration form for the 14th European Carabidologist Meeting



Please return this form to:  
Foundation WBBS  
Kanaaldijk 36  
9409 TV Loon  
The Netherlands



Participant

---

Surname: \_\_\_\_\_  
First name: \_\_\_\_\_  
Salutation: Prof.  Dr.  Ir.  MSc  Mr.  Mrs.   
Accompanying person  
Surname: \_\_\_\_\_  
First name: \_\_\_\_\_  
Salutation: Mr.  Mrs.   
Institution/Company/NGO: \_\_\_\_\_  
Department/Unit: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Postal code: \_\_\_\_\_  
Country: \_\_\_\_\_

Presentation / participation

---

Participation role:  Full participant (+ accompanying person) / student \*  
 One day participant Monday / Tuesday / Thursday \*  
Presentation: Oral / Poster / No presentation \*  
Title presentation:  
  
Attend post meeting: Yes / No \*

\*: *cross-out if not applicable*

Should you wish us to arrange your overnight stay during the meeting and/or post-meeting, please specify below

**During meeting**

- No, thank you
- Abdij de Westerburcht  
~~Single room / Double room / Theme room /  
Room for 3 persons / Room for 4 persons /  
Luxury room \*~~
- Single sleeping room in shared bungalow
- Another place \_\_\_\_\_

Arrival date: \_\_\_\_\_  
Departure date: \_\_\_\_\_  
No. of nights: \_\_\_\_\_

**During post-meeting**

- No, thank you
- Hotel Duinzicht  
Single room / Double room \*
- Apartment Vitamaris  
2 persons / 4-6 persons \*

*\*: cross-out if not applicable*

Questions / Remarks