

REGISTRATION FORM

"Summer School of Primate Parasitology"

To be sent by e-mail to: [polacikoval\(AT\)vfu.cz](mailto:polacikoval(AT)vfu.cz)

PARTICIPANT

Title

First Name

Last Name

AFFILIATION

Current Position

Institution

Street Address

City

Postal Code

Country

E-mail

Phone

EXPERIENCE

Field of Study

Coprosopic Tools

Experienced

No experience

If experienced, please specify what methods you have experience with.

Molecular Tools Experienced
 No experience

If experienced, please specify what methods you have experience with.

Veterinary Background Yes
 No
