

# Symposium Registration

Ms.

Mr.

Full Name

*First Name*

*Last Name*

E-Mail

Phone Number

*Area Code*

*Phone Number*

Address

*Street Address*

*City*

*State/Province*

*Postal/Zip Code*

*Country*

Lab/dpt

Company Name

Registration fees CHF 300.-- Payable before August 31st, 2024 [\[see bank ref. below\]](#)

*Lunch included*

A confirmation of registration will be sent to you by e-mail. All requests for cancellation with refund must be made 5 days before the date of the conference. No refunds will be made after this deadline.

**Banque Cantonale de Fribourg, CH-1700 Fribourg, Switzerland**

**Beneficiary:** University of Fribourg, Administration, CH-1700 Fribourg

**IBAN:** CH56 0076 8011 0040 1760 0

**Account:** 01.10.040176-00

**Clearing:** 768

**SWIFT:** BEFRCH22

**Payment reference:** [20070359 Antibiotic Resistance](#)