

Symposium Registration

☐ Ms.

☐ Mr.

Full Name

<input type="text"/>	<input type="text"/>
<i>First Name</i>	<i>Last Name</i>

E-Mail

Phone Number

<input type="text"/>	<input type="text"/>
<i>Area Code</i>	<i>Phone Number</i>

Address

<input type="text"/>	
<i>Street Address</i>	
<input type="text"/>	<input type="text"/>
<i>City</i>	<i>State/Province</i>
<input type="text"/>	<input type="text"/>
<i>Postal/Zip Code</i>	<i>Country</i>

Lab/dpt
Company Name

Registration fees CHF 300.-- Payable before August 31st, 2025 [\[see bank ref. below\]](#)

[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](#) + [\[your name and Institution\]](#)