

Registraton form
4th Research day of the department of microbiology, infectiology and immunology of University of Montreal
Thursday March 10th 2016

Filled form before January 8th 2016 inclusively

Last name :

First name :

Email:

Phone :

Director's name :

Affiliation:

Project title:

Program :

Starting year of the program :

Do you wish to do an oral presentation?

Yes

No

Do you wish to do a poster presentation?

Yes

No

Abstract (max 2104 characters) :

Allergy?

Yes

Details :

Please, send the filled form to

remic.udm@gmail.com

or

Press send button

If ever too many oral presentations are submitted, we will prioritize students

which are finishing their projects.