AAIM2025 CONFERENCE REGISTRATION FORM

|  |  |
| --- | --- |
| Last Name |  |
| First Name(s) |  |
| Title of talk |  |
| Affiliation |  |
| City and Country |  |
| Phone |  |
| Fax |  |
| E-mail |  |
| Arrival and Departure dates |  |
| Payment |  |