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  |  |