

REEC Meeeting Vienna 2022 Registration Form

First Name

Last Name

REEC Member? Yes/No

Adress

City

State/Prov

Zip Code

Country

Email

Phone

Profession

Date / approx. Hour of Arrival

Date / approx. Hour of Departure

Meeting and Social Event O

Social Event Only O

Food allergy / Specific needs

PLEASE SEND FORM TO VIENNA@BVRD.AT