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THE 6th INTERNATIONAL SCIENTIFIC MEETING
MYCOLOGY, MYCOTOXICOLOGY AND MYCOSES

Novi Sad, September 27–29, 2017

Application for Participation
(to fill out in capital letters)

First name and family name	
Name of work organization	
Address of work organization	
Phone	
Fax	
E-mail	
Title of the paper	
I want to participate (please mark)	<input type="checkbox"/> with a paper <input type="checkbox"/> oral presentation <input type="checkbox"/> poster <input type="checkbox"/> without a paper <input type="checkbox"/> with the presentation of a firm
Topics (please mark)	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
Key words (up to 10)	