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| **REGISTRATION FORM**  **KBRS 2023**  **18th Kimberley Biodiversity Research Symposium**  27 September 2023 | | | | | |
| **To confirm your seat please submit this form to** [**kbrsymposium@gmail.com**](mailto:kbrsymposium@gmail.com) **by 1 August 2023** | | | | | |
| Title: Prof/Dr/Mr/Mrs/Miss: | |  | | | |
| First Name: | |  | | | |
| Surname: | |  | | | |
| Institution: | |  | | | |
| Position: | |  | | | |
| Postal address: | |  | | | |
|  | Postal Code: | |  |
| Telephone no.: | |  | | | |
| E-mail address: | |  | | | |
| **REGISTRATION FEE: No cost** | | | | | |
| **ACCOMMODATION: Delegates are responsible for their own arrangements and costs** | | | | | |
| **MEALS:Finger lunch will be provided** | | | | | |
| Any dietary requirements? | | | | YES | NO |
| Particulars: | |  | | | |
|  | |  | | | |
| **PAPER PRESENTATION** | | | | | |
| I wish to present a paper | | | | YES | NO |
| **Paper particulars** | | | | | |
| Title: |  | | | | |
| Author/-s: |  | | | | |
| **POSTER PRESENTATION** | | | | | |
| I wish to present a poster | | | | YES | NO |
| **Poster particulars** | | | | | |
| Title: |  | | | | |
| Author/-s: |  | | | | |

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| **ABSTRACT** |
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