APPLICATION FORM FOR PABMB SYMPOSIA

Please complete this form and submit it by email to Dr. José R. Sotelo Silveira (sotelojos@gmail.com, jsotelosilveira@iibce.edu.uy)

**Title of Symposium:**

**Name, address and e-mail of Symposium organizer:**

**PABMB Constituent Society:**

**Title and Location of Meeting:**

**Date of Meeting:**

**Name, address and e-mail of Meeting organizers:**

**Topic of the Symposium and outline of program:**

**Provisional list of Symposium speakers and affiliations:**

**Expected attendance:**

**Amount requested and provisional total budget:**

I agree to observe all conditions specified by PABMB.

Signature of Symposium Organizer Signature of Meeting Organizer