



16th Symposium of The International Molinological Society

Portugal, September 21st to 26th 2024



APPLICATION FORM

Please read the Programme and Call for Papers as it contains all necessary information
Digitalize this application and send it together with a digitalized copy of your banking
transfer order to the Symposium Secretariat email:

timsportugal2024@etnoideia.pt

IN BRIEF

I wish to apply for:

Symposium, Mid Tour and TIMS General Meeting

Post-Symposium Tour

PERSONAL INFORMATION

FAMILY NAME

NAME

FULL ADDRESS

COUNTRY

CELL PHONE

EMAIL

PASSPORT NUMBER

VALID TO

ABOUT ME

- I am a TIMS member with all contributions UpToDate
- I am aware that the insurance for Symposium participants only covers accidents occurred during 20th to 27th September and that it is not a health insurance, so:
- Have my own travel insurance covering accidents and health treatments if necessary
 - I have no insurance **BUT** I take full responsibility for all health costs and or any other not covered by the standard symposium insurance.
- I have limited mobility (not severe), **please contact me about it.**

Other

PERSONAL DATA PROTECTION

- I am aware of EU regulations for personal data protection and I authorize the organization to record and keep my personal data for organization purposes, and to publish needed and adequate personal information in TIMS2024 Transactions and to share it with other TIMS members participating in the Symposium.

SPECIAL REQUESTS

We will do our best to meet your requests whenever possible.

If possible I would like to

PARTICIPATION FEES

Symposium and Mid Tour ----- Participant fees:

Twin/Double Room - € 1 230

Single Room - € 1 520

Post-Symposium Tour ----- Participant fees:

Twin/Double Room - € 490

Single Room - € 650

I have paid by banking transfer 30% Fee downpayment of € _____

Order date

My account data

Account

IBAN

BIC/SWIFT

Bank

Agency

I join in attachment a digitalized copy of the banking order

PAYMENTS

Fees are payable to:

ETNOIDEIA LDA
Rua Principal, 21
Rojão Pequeno
3440-226 Santa Comba Dão
PORTUGAL

Payments must be made by Banking Transfer with no costs for the organization
(if any they will be charged to applicants)

Account data:

Account: 40274280822

IBAN: PT50 0045 3252 40274280822 40

BIC/SWIFT: CCCMPTPL

Bank: CAIXA DE CRÉDITO AGRÍCOLA MÚTUO DA BARRADA E AGUIEIRA, CRL

MEALS

Vegetarian, Health, Allergies or religious mandatory impeachments will be taken into account, but the organization may not be able to attend fully all requirements at all times. Specially during mil visits.

This is to be evaluated by the organization and confirmed case by case.

- I have no dietary requirements
- I am a Vegetarian, but I eat eggs and animal protein in processed food
- I am a Vegan and I am aware that some difficulties may occur in the countryside
- I am allergic to

- I have mandatory restrictions (medical, religious) and cannot eat

ACCOMODATION

- I want a single bed in a double room
- I prefer a large bed, if possible
- I have a roommate.

Name

- I need assistance to book the following extra nights:

City

Nights

City

Nights

PAPER PRESENTATIONS

- I wish to present a **formal** paper
(max. 20 minutes)

Title

Subject

Support / resources
(powerpoint, video
projector, other)

Abstract (if not now, you may send this until April 30th 2024)
(750 to 1000 characters i.e. 1/3 A4 page)

- I wish to present an **Informal** Presentation
(max. time to be determined)

Title

Subject

Support / resources
(powerpoint, video projector, other)

TRAVEL INFORMATION

This is a prevision. If you do not have final information to give us you can send the final dates and flight details later until 30th April 2024. However please be as accurate as possible so we can work properly in organizing logistics.

ARRIVAL

- I will arrive in Lisbon Airport on:

Day|Hour Flight Number

- I will travel by Car/Train/Other and will arrive in Lisbon Airport on

- None of the previous: I will go directly to Ponte de Sor and I do not need any transfers or travel assistance

DEPARTURE

- I will depart from Lisbon Airport on:

Day|Hour Flight Number

I must be at the Airport at least at (hour)

- I will depart from Porto Airport on:

Day|Hour Flight Number

I must be at the Airport at least at (hour)

- None of the previous: I am on my own and I will note need any transfer or travel assistance to depart.

INVOICING DETAILS

NAME
(OR)

COMPANY NAME

FULL ADDRESS

COUNTRY

PHONE

EMAIL

VAT NUMBER (mandatory)

DATE

SIGNATURE

SECRETARIAT & CONTACTS



SECRETARIAT
Etnoideia
Rua Principal, 21
Rojão Pequeno
3440-226 Santa Comba Dão
PORTUGAL

All contacts via mail to:
timsportugal2024@etnoideia.pt