



Form for Country Representatives (CRs)

Please indicate your name and surname in capital letters

NAME

SURNAME

Gender

Female

Male

Title(s)

Professor

Associate Professor

Dr

Other, please indicate:

WORKING POSITION /

AFFILIATION

POSTAL ADDRESS

ZIP CODE

CITY

COUNTRY

Phone

E-mail

**Keywords of your main
scientific activities (3 to 4)**

After submitting, the application was sent to:

Christelle Fablet, Secretary – christelle.fablet@anses.fr

Hermann Schobesberger, Treasurer – hermann.schobesberger@vetmeduni.ac.at