

Registration form for the workshop *Agrosystem Services 2014*

Name, Surname: _____

Affiliation: _____

Department: _____

Address: _____

PostalCode/City: _____

Country: _____

Phone number: _____

E-mail: _____

Joint Dinner on February 17, 2014 (29,50 €): yes no

Field trip on February 19, 2014: yes no
(max. additional costs 15€)

If you would like to participate in the workshop *Agrosystem Services 2014* please send the completed form to Franka.Papendiek@zalf.de or Fax it to **+49(0)33432-82-223**, Leibniz Centre for Agricultural Landscape Research e.V., Franka Papendiek until **January 7, 2014!**

The workshop fee of **48 €** or **77,50 €** (including Joint Dinner) has to be transferred to the ZALF account until **January 14, 2014!**

Account details:

Leibniz Zentrum für Agrarlandschaftsforschung e.V.

IBAN: DE72170924040000770000

BIC: GENODEF1FW1

Volks- und Raiffeisenbank Fürstenwalde

Purpose: Name, Surname / 8055 AgroESS