

# International Sclerotinia Working Group Enrollment Form

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

(e.g. Country code - city code - local number)

**Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Brief description or key words of research activity:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return address:**

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