



WODIL Registration Form

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Country _____ Phone _____

Email _____

I am interested in registering for the following types of activities:

- Full Conference Registration
- Corporate Member Registration
- Two-Days Registration
- One-Day Registration
- Presenter Registration
- Student Registration
- Virtual Full Conference Registration
- Virtual Student Registration

Any Food Requirements

- Vegetarian
- Gluten Free
- None

Preferred Drink

- White Wine
- Red Wine
- None

Signature: _____

Date: _____/20____

By signing above, you agree to have read the conference terms & conditions from conference website and affirm to abide by those conditions

