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HELLENIC BOTANICAL SOCIETY

National Kapodistrian University of Athens
Department of Botany, Faculty of Biology
157 84 ATHENS

Member Registration Form

To the Board of the Hellenic Botanical Society

Date:

Name/Surname:

Year of Birth:

Profession:

Professional address:

Home address:

Contact information

Tel.:

Fax:

E-mail:

Please approve my registration as a member of the Hellenic Botanical Society
(find attached a short cv).

Signature

1. Please read about the registration requirements here: <https://www.hbs.gr/about> . The HPS statute is available only in Greek here: <https://www.hbs.gr/about/statute>
2. Send your registration form and your CV by email at pdimopoulos@upatras.gr and please add the following addresses to the recipients ibazos@biol.uoa.gr and tsiripid@bio.auth.gr.

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