

# Next Generation Scientists in Food Safety

## Symposium organised by BIOTOXDoc

**Date:** 18-19 January 2027

**Venue:** Università Cattolica del Sacro Cuore, Via Emilia Parmense 84, 29122, Piacenza Italy

**Deadline for registration:** **October 31st 2026**

**SAVE THE COMPLETED REGISTRATION FORM USING YOUR SURNAME  
AS THE FILE NAME AND SUBMIT IT TO: [symposium@biotoxdoc.eu](mailto:symposium@biotoxdoc.eu)**

Fields marked with \* are mandatory

### 1. Administrative details

\* First name:

\*

Last name:

\* E-mail:

\* Institution:

\* Department:

\* Country:

\* Position:

### 2. Contribution

\* Will you submit a scientific contribution?

Yes

No

If yes, please select the preferred type of contribution:

Oral Presentation

Poster Presentation

Title of abstract:

Authors:

Affiliations of authors:

Presenting author:

Abstract text (max. 300 words):

Preferred session:

**Please note:** The organizing committee will decide on the mode of presentation based on abstract quality as well as general programme set-up. Oral presentations will be approximately 15 minutes long. More detailed information about the time allotted will be provided to the presenters after acceptance of their abstracts. Posters shall be in A0 portrait format.

### 3. Registration Fee

Participation in the symposium is **free of charge**.

A confirmation of participation will be provided to all participants by email after the symposium.

### 4. Social Dinner

The social dinner will take place on 18th January at 20:00 at Terrazza di Roma, Piacenza. Typical local food and beverages will be served, accompanied by live music. Participation in the social dinner is **optional** and costs **50€ per person**.

\*Please select one option:

Yes, I will attend the social dinner

No, I will not attend the social dinner

### Payment Information

Participants attending the social dinner are kindly requested to pay the fee of **50€ by wire transfer only**. A payment confirmation will be provided at registration.

Recipient: BOKU University

IBAN: AT04 3200 0017 0050 0512

Payment reference: **BIOTOXDoc\_Dinner\_SURNAME**

Payment deadline: November 30th 2026

**\*Please note that the payment reference is mandatory for the correct allocation of your payment.**

### 6. Additional Information

\*Dietary requirements / food allergies:

Special needs / accessibility requirements:

### 7. Consent

By submitting the registration form I agree that my personal data will be used for the organisation of this conference.

\*I agree that photos and videos taken during the event may be shared with conference attendees for conference-related purposes.

\*I agree that my abstract may be included in the conference materials.