

Registration of your event on European Mushroom Day 28.9.19

Venue _____ ZIP _____

Kind of event? _____

For participant limit: Minimum _____ Maximum _____

If mushroom exhibition: Expected visitors? _____

Guests welcome Yes No internal/already occupied Perhaps **

(** (please explain short if necessary) _____

Start End _____

Organizer _____

Leader _____

Contact (Phone, E-Mail, URL) _____

Other mushroom-related events during the mushroom season 2019? (optional)