

**Presentation Title Submission / Attendance Form for the  
17<sup>th</sup> Annual Tomato Disease Workshop**

**November 8-9, 2001  
Crowne Plaza Hotel, West Palm Beach, Florida**

**Name / Affiliation:.....**

**Address:.....**

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**Phone:..... Fax:.....**

**E-mail:.....**

**I plan to attend the workshop (....)**

**I plan to present (....) talk(s).**

**Tentative Title(s) (10-20 min., please indicate approximate length):**

**Please return this form by August 20, 2001 to:**

**Tim Momol  
University of Florida, NFREC  
30 Research Road  
Quincy, FL**

**Ph: 850-875-7154 Fax: 850-875-7148**

**E-mail: TMOMOL@MAIL.IFAS.UFL.EDU**