

Registration Application for the McPhase Micro Workshop from to

PERSONAL DATA:

Title:

First Name:

Family Name:

Full Address:

Affiliation:	
Street:	
ZIP Code or Postal Code/ Zone:	
City:	
Country:	
E-Mail	
Phone	

I will be accompanied by:

First Name:

Family Name:

Registration Fee (Euro):

352 Euro

ROOM RESERVATION (*): ☐ (please tick to apply)

* - Room reservation for 380 Euro for the period (from Sunday to Saturday, 6 nights) will be made on first notice - first served basis, two rooms are available for participants and accompanying persons, one queen bed room and one twin bed room with an option for a third bed. To be paid directly to the conference location.

I would like to share my room with: