

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: