

# Registration Application for the McPhase Micro Workshop from ..... to .....

## **PERSONAL DATA:**

Title: .....

**First Name:** .....

**Family Name:** .....

## **Full Address:**

|                                      |  |
|--------------------------------------|--|
| <b>Affiliation:</b>                  |  |
| Street:                              |  |
| ZIP Code or<br>Postal Code/<br>Zone: |  |
| <b>City:</b>                         |  |
| <b>Country:</b>                      |  |
| <b>E-Mail</b>                        |  |
| <b>Phone</b>                         |  |

## **I will be accompanied by:**

First Name: .....

Family Name: .....

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**Registration Fee (Euro):**

**352 Euro**

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

\* - Room reservation for 420 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:** .....