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 Address:** |  |
| **Phone Number:** |  |

**I will be accompained by:**

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

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

|  |  |
| --- | --- |
| **Registration Fee (Euro):** | **342 Euro** |

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

\* - Room reservation for 350 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: ..................................**