

**WORKSHOP REGISTRATION FORM**

**Title (Mr./Ms./Dr./Prof.):**

**Last name:**

**First name:**

**Institution:**

**Position:**

**Adress:**

**City:**

**Postcode:**

**State:**

**e-mail:**

**Name badge (Please indicate correct details for your name badge at the workshop, if different from above):**

**Arrival date:**

**Departure date:**

**Special requirements for the workshop (please advise us if any special mobility or dietary requirements such as vegan, vegetarian, etc you may have):**