

# 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 Postal Code/Zone:	
<b>City:</b>	
<b>Country:</b>	
<b>E-Mail Address:</b>	
<b>Phone Number:</b>	

## **I will be accompanied 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:** .....