

Registration Form for 20th deMon Workshop

To register please take time to fill out the information below.

Salutation*: - Prof./ Dr./ Mr./ Mrs./ Miss

Full Name*: - _____

Supervisor : - _____

Affiliation*: - _____

E-mail*: - _____

Address*: - _____

Transaction Reference Number*: - _____

Category of registration*

- Ph.D./Masters student
- Post-Doctoral Associates
- Faculty

What event do you plan to participate in? *

- Workshop
- Hands-on-session
- Both events

Presentation*

- Oral
- Poster
- None

(*) marked fields are necessary.

Signature of applicant

Date: