## Registration Form for 20<sup>th</sup> deMon Workshop

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

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.	Salutation*: -  Prof./  Dr./  Mr./  Mrs./  Miss
Supervisor :	Full Name*:
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? * What event do you plan to participate in? * Workshop Hands-on-session Both events    Presentation*   Oral   Poster   None	
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	E-mail*: -
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	Address*: -
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	Transaction Reference Number*: -
<ul> <li>Workshop</li> <li>Hands-on-session</li> <li>Both events</li> </ul> Presentation* <ul> <li>Oral</li> <li>Poster</li> <li>None</li> </ul>	Category of registration* <ul> <li>Ph.D./Masters student</li> <li>Post-Doctoral Associates</li> </ul>
<ul> <li>Oral</li> <li>Poster</li> <li>None</li> </ul>	Workshop Hands-on-session
(*) marked fields are necessary.	<ul><li>☐ Oral</li><li>☐ Poster</li></ul>
	(*) marked fields are necessary.

Signature of applicant Date: