

REGISTRATION FORM

4D Treatment Planning Workshop 2015 Dresden, 26th-27th November

Title

First name

Last name

Position

E-mail

Institution

Devison / Group

Address

Please, select one of the two following options:

- I am a representative of a commercial company that has been invited by the organizers to join the workshop and registration fee will be 180 €.
- I am employed at a public research facility, university institute or governmental laboratory etc. and will pay the reduced registration fee of 90 €.

In any case, you will receive a registration confirmation via e-mail (ensure correct e-mail address) containing also the bank details for payment.

- I would like to present current research progress in the poster session and will submit an abstract until 9th October 2015.

I will attend the workshop:

- both days (incl. Dinner) only on Thursday (incl. Dinner) only on Friday (incl. Dinner)
 only on Thursday (excl. Dinner) only on Friday (excl. Dinner)

I would like to join the site tour: Yes No

I have special dietary needs, allergies etc.

- No Yes,

Optional: Topics or questions that should be addressed in the panel discussion

Send the completed form to kristin.stuetzer@oncoray.de as soon as possible and not later than 8th October 2015.