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| **Workshop Registration**  |
| **Workshop ”Biofabrication of Artificial Vascularized Tissue”,FHG-ILT, Aachen (DE)****28-29 October 2015** |
| Please complete your travel details below and return this form by October 2, 2015 to artivasc\_3d(at)eurtd.com My contact information |
| Name (family name + first name) | Please enter here |
| Organisation (name of institute or company) | Please enter here |
| Phone (office and/or mobile phone number) | Please enter here |
| Email  | Please enter here |
| My participation

|  |  |
| --- | --- |
| [ ]  | I will attend the **Workshop** on workshop day 1, **October 28, 2015**. |
| [ ]  | I will attend the **buffet dinner** on workshop day 1, **October 28, 2015**. |
| [ ]  | I will attend the **Workshop** on workshop day 2, **October 29, 2015**. |

My preferences

|  |  |
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| **[ ]**  | **I have special dietary needs:** *Please enter here* |
| **[ ]**  | **Other comment:** *Please enter here* |

My individual travel details  |
| Arrival / Departure | Please let us know your travel itinerary to allow proper planning of the meeting logistics.Please note: Transfers from/to airports will not be arranged. All details are available in the information package. |
| Arrival | **Flight/train number, date, place and time:** Please enter here |
| Departure | **Flight/train number, date, place and time:** Please enter here |
| Hotel Booked Deadline is October 2, 2015. Please check the information package for booking details. | **[ ]  Yes [ ]  No**  |
|  | **Name of booked hotel:** Please indicate below[ ]  Mercure Hotel \*\*\*\* Aachen Am Dom[ ]  Ibis Styles Aachen City\*\*\*[ ]  Ibis\*\* Superior Aachen Marschiertor[ ]  Other hotel ………………………………………………. |