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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   |  |  | | --- | --- | |  | **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 ………………………………………………. | | |