**Registration Form**

Deadline for registration is April 29, 2019.

Required fields are marked with an asterisk (\*)

|  |  |
| --- | --- |
| Surname:\* |  |
| Given name:\* |  |
| Gender: |  |
| Academic title: |  |
| Institution:\* |  |
| Institute/Department\*: |  |
| Street/No.\*: |  |
| ZIP code:\* |  |
| City:\* |  |
| Country:\* |  |
| Telephone: |  |
| Fax: |  |
| E-mail:\* |  |

I agree to have my name, affiliation and city published in the [participants’ list](https://www2.cpfs.mpg.de/cb2016/contributions/participants.html) of the workshop.

Please indicate if you prefer vegetarian food.

Special requests, if any: 

Date of arrival: dd/mm/yyyy

Date of departure: dd/mm/yyyy

***Please forward this registration form and possible changes of your itinerary by e-mail to the conference organizers: office.felser@cpfs.mpg.de***