

## Registration Form

Personal Details	
Surname	
First Name	
Country	
Institution	
Address of institution	
Telephone number (+nn nnnn nnnn)	
Email address	

Conference Details			
Workshop costs	Workshop costs should be refunded by SICI.	Yes	No
Official dinner	I will attend the official dinner.	Yes	No
	I prefer the following meal at the dinner:		
		Yes	No

Accommodation Requirements		
Additional personal requirements (e .g. vegetarian, allergies, disabilities etc.)		
Traveling details	Arrival	Departure

By clicking the "Send-Button" this form will be sent to the host organisation.