

REGISTRATION

B-IGSM Braunschweig International
Graduate School
of Metrology

NAME

.....
First name

.....
Last name

.....
Title/Degree

.....
Institution/Organization/Company

BUSINESS ADDRESS

.....
Street, No.

.....
Country

.....
City

.....
Zip/Postal Code

.....
Phone

.....
Email

MISCELLANEOUS

Catering requirements or special dietary needs (*vegetarian, allergies,...*):

.....
I would like to have **lunch** at the venue on 8 August.

I would **not** like to have **lunch** at the venue on 8 August.

I can give person(s) a ride from Braunschweig to Kloster Drübeck.

I need a ride.

I am PhD student (double room).

Poster title:

.....
I am scientific member/mentor (single room).

SIGNATURE

The registration is binding.

.....
Date

.....
Signature

IMPORTANT

**Please submit the signed form by mail
or email to**

Braunschweig International Graduate School
of Metrology
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j.krakowski@tu-bs.de

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