

I register for the workshop

Name

Company/
Organisation

In conjunction with the workshop yes

I want to visit the BAM on
Wednesday, the 21st. no

Mailing
Address

I'm member of one of
the co-organising organisations. yes
 no

Date, Signature

Phone Fax

or send by Fax to

+49 30 81 04 37 17

**Geschäftsstelle von
EUROLAB-Deutschland
Unter den Eichen 87**

**D - 12205 Berlin
Germany**

