FREESIC - 2014

Luxembourg

 FREESIC Final Field Test, 5th June 2014

**REGISTRATION**

Please complete the form and send it by e-mail or fax to Mr. Aurel Machalek – University of Luxembourg (aurel.machalek@uni.lu) **not later than**

**15/05/2014**.

Should you have any questions, please do not hesitate to contact Mr. Aurel Machalek E-mail: (aurel.machalek@uni.lu), Tel: (+352) 46 66 44 5632, Fax: (+352) 46 66 44 5488

**Personal information** (Please type or print clearly in CAPITAL LETTERS)

\*all fields marked with a star are required for registration

**Title:** 􀂅 Mr. 􀂅 Mrs. 􀂅 Ms. 􀂅 Prof. 􀂅 Dr. 􀂅 other (Please specify :……………………..)

\* **First name:** ...........................\* **Middle name**: ...................\* **Last (Family) name:** .................................

\* **Organization:** ................................................................................................................................................................

**Postal address:** ......................................................................................................................................

**Postal code:** ................. **City:** ..............................................\***Country:** ..................................

\***Tel:** (country code - area code - tel no.) ...........................................\***Fax:** ..............................................

\***E-mail address:** ………………………………………………………………………………………................

\* **Will participate in the buffet:**

􀂅 Yes 􀂅 No