**Registration form**

**NKS-B ICP User Seminar, 25-27 September 2017**

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| **Title (Prof./Dr./Mr./Mrs./Ms.)** |  |
| **Name** |  |
| **Present Position**  |  |
| **Company** |  |
| **Postal address** |  |
| **Country** |  |
| **E-mail**  |  |
| **Mobile phone (for contact while in Denmark)** |  |

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| **Participation in lectures, 25-26th Sept. (Y/N)** |  |
| **Participation in lab training, 27th Sept. (Y/N)** |  |
| **Special dietary requirements**  |  |

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| **Plan to give an oral presentation at the seminar (Y/N)** |  |
| **Title of your presentation**  |  |

Please send the completed form to Helle Tofte Holm (htho@dtu.dk).

For more information about the seminar, please visit the website <http://www.nks.org>

If you have any questions, please contact Jixin Qiao (jiqi@dtu.dk), 0045-21798724.