

Registration Form

Herewith I confirm my participation in the evaluation conference.

**Name**:

**Organisation:**

**Address:**

**Tel./Fax: Email:**

Time of arrival in Berlin: \_\_/\_\_/2012 at \_\_:\_\_\_ Hour

Time of departure from Berlin: \_\_/\_\_/2012 at \_\_:\_\_\_ Hour

I will need accommodation for: \_\_\_\_\_\_ nights

I prefer to eat vegetarian: yess  noo 

**Signature: Date:**

**Please return the registration form until 20th August 2012 to**

**SPI-Forschung per:**

**Fax: 0049 302516094 or Email: spi@spi-research.de**

**Conference venue:** Centre Français de Berlin,Müllerstr.74, 13349 Berlin (Underground Station: U6 Rehberge)

**Organiser**: SPI Forschung gGmbH

 

