|  |
| --- |
|  |
| **REGISTRATION FORM** |
|
|  |
| **NATIONAL SEMINAR AND WORKSHOP ON**  **MOLECULAR IDENTIFICATION** |
| **AND PRESERVATION OF MICROORGANISMS** |
| **Seminar 14 April 2014** |
| **Workshop 15 - 17 April 2014** |
|  |

Full Name (Including title) : .............................................................................

Affiliation : .............................................................................

Institution / Company : .............................................................................

Address : .............................................................................

.............................................................................

City / Post Code : .............................................................................

Phone / Mobile : .............................................................................

Fax : .............................................................................

E-mail : .............................................................................

|  |  |
| --- | --- |
|  | Seminar |
|  | Workshop I |
|  | Workshop II |

Participation (√ Please check as appropriate):

Please submit this form together with full payment in order to be processed, and

email to: **sales@traininglaboratorium.com.**