**Registration form for EUFN Workshop 2021**

*Please fill out the form below and send it per mail to*g.hlawacek@hzdr.de

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| --- | --- |
| *Title* |  |
| *First name* |  |
| *Last name* |  |
| *Affiliation/Institution* |  |
| *Address* |  |
| *City* |  |
| *ZIP code* |  |
| *State/Province* |  |
| *Country* |  |
| *E-mail* |  |
| *Message (optional)* |  |