



## Reply Card

### REGISTRATION FORM

Please choose the preferred option for you:

#### **I would like to attend:**

<b>BioNorm II Working Package meetings</b>		<b>BioNorm II International Conference</b>	<b>CEN TC 335 Plenary meeting</b>
(possible to combine with CEN Group meetings)			<i>Only for CEN members!</i>
On 02/11/2009	On 03/11/2009	On 04/11/2009	On 05/11/2009
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write in block letters:

Family Name: .....

First Name: .....

Institution/Organisation/Company: .....

.....

Address: .....

City:.....

ZipCode: ..... Country: .....

Telephone:.....

Fax: .....

Email: .....

I am interested in an evening event at November 03, 2009:      yes       no

I agree to publish my paper in the conference proceedings:      yes       no

Date: ..... Signature: .....

#### **THIS FORM SHOULD BE RETURNED!**

*To register for the workshop please send all necessary information asked above until  
September 04, 2009 to:*

Email: ronny.wirkner@dbfz.de

Fax: +49 341 2434 133