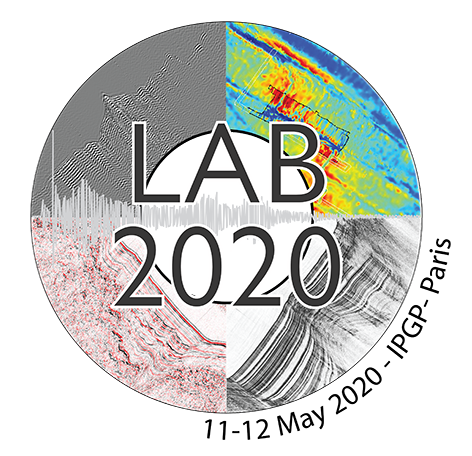
LAB Workshop 2020



WHEN: May 11-12, 2020  
WHERE: IPGP Amphitheatre,

1 rue Jussieu,

75238 Paris Cedex 05,

France

Registration form

**Please fill in the form and send it back to the following address at** [LABworkshop2020@gmail.com](mailto:LABworkshop2020@gmail.com)

**Email address**

Email:

**Last Name**

Name:

**First name**

Name:

**Insitution/Affiliation**

Name:

**Attendance**

11th (yes/no):

12th (yes/no):

**Invitation letter** (If you need an invitation letter, please provide the following information)

Full name (as in passport):

Passport number:

Citizenship:

Date of Birth (DD/MM/YYYY):

**Food preference** (Let us know if you have any allergy as well)

(Vegetarian, vegan, no gluten, other):

**Will you attend the conference dinner on the 11th of May?**

(yes/no):

**Thank you!**