



REGISTRATION

Workshop

Pimp up your presentation improve your skills

| First Name* | | |
|---|-----------------|--|
| Last Name* | | |
| Organization | | |
| E-Mail* | | |
| | nop. Please t | you have the possibillity to practice the skills you learn ell us about which topic you want to give a short rring the workshop. |
| | | |
| What is your prefe (6 th of March 2020) | | e lunch (Sandwiches) during the workshop on Friday |
| O Standard | or | O Vegetarian |
| Will you join us for | dinner after th | ne workshop on Friday (6 th of March 2020)? |
| ⊖ Yes | or | ◯ No |
| Will you join us fo | or the tour in | the Zwack Distillery, House of Unicum on Saturday |

(7th of March 2020)?

O Yes or O No

Please send your <u>registration until February 21^{st,} 2020</u> to <u>iwaywp.workshop.authun.2020@gmail.com</u>. You will receive a confirming E-Mail after your registration. All registered participants are expected to attend!

Attention: There is a limited number of participants for the workshop and registration is based on "first come - first serve".

*required field