

# Registration **WKDRINFELD + WKIWASAWA**

April 6 to 10 and 12 to 16, 2010

## Registration Form

Family Name:

First Name:

### Institution Full Address

Department:

University:

Street and number:

P.O. Box:

City:

Postal Code:

Country:

Telephone:

Fax:

e-mail:

Passport/DNI

### Personal Address

Street name and number:

City:

Postal Code:

Country:

Citizenship:

Birthdate:

Gender: Female

Male

### GRANT

I want to apply for:

Registration grant in both activities

Bank fees must be paid by the participants.

***No registration will be processed until the CRM receives the registration payment.***

**Deadline for registration and payment: March 10, 2010**

Please, fill out the form, make a pdf file, and send it to [wkdrinfeld@crm.cat](mailto:wkdrinfeld@crm.cat)

For problems concerning the registration, please contact [nhernandez@crm.cat](mailto:nhernandez@crm.cat)