**REGISTRATION FORM**

In order to register to the workshop please:

* fill the tables below and indicate if you will submit an abstract and whether you would like to be selected for an oral presentation and/or for a travel grant by marking the selected options with an **X**
* save the file as <***name\_surname\_registration.docx***>
* send it by e-mail to: info@biochimicadeitumori.it

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Surname** | **Department** | **Institution** | **e-mail** |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Abstract** | **Oral Presentation** | **Academic position** |
| **Yes** | **No** | **Yes** | **No** | **Undergraduate student** | **PhD student** | **Post-Doc** | **Senior** |
|  |  |  |  |  |  |  |  |
|  |  |  |
| **Travel Grant application**  |  |  |
| **Yes** | **No** |  |  |  |  |  |  |
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| --- |
| **\*Social Dinner September 16th 2024 (to be paid in advance by July 31th, at the cost of 50€)** |
| **Yes** | **No** |
|  |  |
| **Please indicate here any food intolerances** |

\* TRATTORIA DEL CAVALIERE S.R.L., IBAN IT41M0307502200CC8501025499, SWIFT BGENIT2T causale cena sociale “biochimica dei tumori”. Submit a copy of the payment to info@biochimicadeitumori.it

Please note that seating number is limited

Looking forward to seeing you in Catania,

The Organizing Committee