

## **APPLICATION FORM**

I herewith register for the Seminar "MatCalc Basic Thermokinetic Simulations".

Duration: August 06-09, 2024

Location: Getreidemarkt 9/E308, 1060 Vienna

Course Fee: EUR 1.250.--

Academy for Continuing Education

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## PARTICIPANT INFORMATION

Last Name	First Name	Academic Degree(s)
Date of Birth (dd/mm/yyyy)	Gender (Male/Female)	Citizenship
Organization		
Address	ZIP Code	City / Country
Telephone	E-Mail	
How did you find out about this seminar	?	
Austrian University ID Number (Matrikel	Inummer, if available)	
Billing address (if different than above)		
Organization		
Address	ZIP Code	City/Country
I certify that the information in this appregistration is obligatory.	plication is complete and accurate. I ur	nderstand that this
Please mail this form to the address ab	pove.	
Place and Date	 Applicant's Signature	