**APPLICATION FORM “Development in Machining” DiM’2024**

\* indicates required fields

\*First name:

\*Last name:

**Address of workplace**

\*Place of work:

\*Department:

\*Zip Code:

\*City:

\*Street:

\*Country:

\*e-mail:

Telephone:

Telefax:

\*Title of the presentation in English:

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| --- |
|  |

Name of further author(s):

First name Last name Institution

2.

3.

I confirm my participation in DIM 2024 Party (yes) (no)

Accommodation:

Student’s house

On their own

**The INVOICE of the registration fee shall be issued to:**

Name of institution (max. 20 characters):

Address: (street, postal code, city, country, remark):

Amount:

Note:

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