

REGISTRATION FORM
8th Workshop on Physics and Technology of Semiconductor Lasers 2019

Personal Data: (All the fields marked with * are mandatory)

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First Name*:

Last Name*:

Email Address*:

Affiliation*:

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Title of presentation:

Kind of participation*: Invited talk

☐

Contributed talk

☐

Poster Presentation

☐

Participation only

☐

Accompanying person: yes - ☐ , no - ☐

Need for a car parking slot: yes - ☐

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