## IWPMA 2024 Registration Form

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Name Information:  ☐ Mrs, ☐ Ms, ☐ Miss, ☐ Mr, ☐ Master, ☐ Dr, ☐ Prof, other: Enter other title	
Title	. , ,
Name	Surname
Name on Badge	Country on Badge
	Institution on Badge
Address Information:	
University/Company	Group/Department
Street or P.O. Box	Postcode
City	Country
Contact Information	
Telephone	E-Mail
Presentation Information	
Tesentation information	
Title	
Participation at Lunches/Dinners	
X Welcome Reception, X Lunch (23 <sup>rd</sup> ), X Lun	ch (24 <sup>th</sup> ), X Lunch (25 <sup>th</sup> ), X Lunch (26 <sup>th</sup> ), X Banquette (24 <sup>th</sup> )
Participation at social program (a	dditional fee may apply on site)
	g (afternoon 26 <sup>th</sup> ), tickets for public transportation needed hing (27 <sup>th</sup> ), will be organized if enough persons are interested noon (27 <sup>th</sup> ), will be organized if enough persons are interested
Registration Type (Early bird for payment before Payment Information (If different from above	
University/Company	Group/Department
Street or P.O. Box	Postcode
City	Country
Invitation Letter (If needed)	
Enter Name on Card	
Passport Number, Country  Card Number	
Day of Birth	

## Signature/Date