Registration form
Malmö Cancer Center Retreat August 27-28 2015

Name:
Research group:
Kostnadsställe:
Verksamhetsgren:
Aktivitet:
Supervisor (PI) ’s name:

PhD/MD:☐     PhD student:☐     Other:☐

Female:☐     Male:☐

Bus transportation from Malmö and back:☐

Participate both days:☐     Participate August 27th:☐     Participate August 28th:☐

Abstract attached:☐

Accommodation required:☐

Name of preferred roommate:

Special food:

Describe your science in one sentence:

Depending on availability, suggestions for invited researcher outside Malmö: