

## Registration Form

Prof.

Dr.

M. Sc.

B. Sc.

**Surname**

**Name**

**Email**

**Institution and Address**

**I would like to submit an Abstract**

No

Yes, for a

Poster

Oral Presentation

**Abstract Title** (please submit the full abstract to hrc2025@compchem.de using the template from the webpage)

**I will be attending**

Sunday, June 29<sup>th</sup>

Monday, June 30<sup>th</sup>

Tuesday, July 1<sup>st</sup>

**I would like to attend the conference dinner** (Monday evening, 75 € per person, if you have any dietary restrictions please let us know in the comment field at the end of the form)

Yes

No

Maybe

**Additional Comments**

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Date, Location

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Signature