

# BRENDA Workshop Registration Form

## Personal Information

E-Mail: \*  First name: \*  Last name: \*  Affiliation / Institution: \*   
Professional level: \*  Choose one ▼

## Participation Mode

How will you attend the workshop? \* ☐ Onsite (Szeged, Hungary) ☐ Online (via Zoom)

HCEMM affiliaton

I am affiliated with HCEMM ☐

Only edit this fieldset if "I am affiliated with HCEMM" is set.

Your HCEMM Group Leader:  Please select your HCEMM Group Leader or Head of ACF ▼

If you are traveling from Budapest, you may require accommodation due to the duration of the training. Please indicate if you request accommodation.

Do you need accommodation on May 20, 2025? \* ☐ Yes ☒ No Phone number:

Practical Information (for onsite participants)

Will you join the optional social dinner on May 20? ☐ Yes ☐ No Dietary restrictions:

I consent to the processing of the data I have provided above ☐

Only edit this fieldset if "I consent to the processing of the data I have provided above" is set.

I register

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