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| **REGISTRATION FORM*****Workshop on Drug Transporters in the Lungs*** |

***Please complete and return by e-mail.***

***Please note that the name and title you give here will be printed on your badge and the participants’ list.***

Date: 22-23 September, 2016

Venue: Trinity College Dublin

### 1. Participants information

Title: □ Prof. □ Dr. □ Ms. □ Mrs. □ Mr.□ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Family name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal/Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I **will** [ ]  **will not** [ ] be attending the **city tour** on **September 22nd**

I **will** [ ]  **will not** [ ] be attending the **conference dinner** on **September 22nd**

I **will** [ ]  **will not** [ ] be attending the **conference dinner** on **September 23rd**

Deadline for registration: 30th August, 2016

**2. Dietary Requirements**

### Special dietary requirements:

### I am vegetarian [ ] / vegan [ ] / other [ ] (please specify):

**3. Additional Instructions**

In order to secure your place in the workshop, a €100 deposit need to be paid. This deposit will be either reimbursed upon on-site registration or can be donated to the Trinity College AAPS Student Chapter.

Please state the **conference name** and the **full name of the participant** when making the payment.

The deposit should be paid by electronic transfer to this account:

AAPS Student Chapter TCD

Allied Irish Bank

Branch Westmoreland Street, Dublin 2

IBAN: IE28AIBK93338443679040

BIC:    AIBKIE2D

All payments must be made in **Euro**

I **will** [ ]  **will not** [ ] donate the deposit to the Trinity College AAPS Student Chapter.

**Deadlines:** Registration must be electronically submitted no later than 30th August, 2016. Please use one form per person. If you have problems registering, please contact Dr. Carsten Ehrhardt (ehrhardc@tcd.ie).

**Confirmation:** Please allow 3 days for e-mailed confirmation of your registration.

Date: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return by email to:

Dr. Carsten Ehrhardt

Email: ehrhardc@tcd.ie