Mathematical Signal Processing and Phase Retrieval
September 1–3, 2014

Workshop Registration
(Please return not later than July 1, 2014)

Name . . . .

Address . . . .

. . . .

. . . .

E-mail . . . .

1. I will participate in the Workshop. . . . . □

2. I prefer to give a 20 minute talk. . . . . □
   Title

3. I prefer to present a poster. . . . . □
   Title

4. In the event that too many participants have requested to give a talk, I am prepared
   to present a poster instead. . . . . □

5. I wish to make a **binding** reservation at the conference center for a room in the
   following category (I understand that the prices include meals for the course of the
   Workshop including lunch on Monday and on Wednesday):

   □ Single room (arrival the morning of Sept 1) **165 Euro**

   □ Double room per person (arrival the morning of Sept 1) **130 Euro**

   Preferred roommate:

   Any cancellations after August 1, 2014 will be charged a cancellation fee!

6. I have no dietary restrictions. . . . . □
   I prefer vegetarian meals. . . . . □

7. I would like to apply for financial support to attend the Workshop. . . . . □

All charges have to be paid in cash at the conference center.

City, Date: . . . . **Signature:** . . . .

Please return the completed form to

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