



Hands-On Proteomics Workshop Registration

Full name (Title, First name, Surname)

Date _____

Institution

Institute/Department/Section

Email

Address (Street, Number, Zip Code, City, Country)

Invoice Address (Institution, Street, Number, Zip Code, City, Country) – include every information important for a correct invoice to avoid wrong issuing

academic **industry** **APMA**

Experience in

- | | | |
|--|--|---|
| <input type="checkbox"/> Gel Electrophoresis | <input type="checkbox"/> 2D-Gel Electrophoresis | <input type="checkbox"/> Western Blotting |
| <input type="checkbox"/> 1D Gel Analysis (1D Gels) | <input type="checkbox"/> 1D Gel Analysis incl. Quantitative Analysis | |
| <input type="checkbox"/> 2D Gel Analysis | <input type="checkbox"/> 2D Gel Analysis incl. Quantitative Analysis | |
| <input type="checkbox"/> Mass Spectrometry: | <input type="checkbox"/> MALDI | <input type="checkbox"/> ESI |
| | <input type="checkbox"/> FT-MS | <input type="checkbox"/> TOF, qTOF, TOF/TOF |
| | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Orbitrap |

Protein Identification by Mass Spectrometry Quantitative Proteomics

no experience

I am interested in having a sample analyzed by 2D GE (further samples can be analyzed, ask for pricing)

Please describe your sample in short, so we can contact you with specific questions (species, sample type, number of samples, interests):

Please send the signed and filled form
per mail to martina.marchetti-deschmann@tuwien.ac.at or per fax to [+43-1-58801-15199](tel:+4315880115199)

After registration, you will receive a confirmation sent to the provided email address.
Participation is only possible after your payment was received.
Account details will be provided in the invoice.

In case of question, do not hesitate to contact us:
E: martina.marchetti-deschmann@tuwien.ac.at
T: +43-1-58801-15162

I hereby accept/acknowledge the terms and conditions as stated on the website and above.

(Date, Signature)