

**The 11th Meeting of the “European MELCOR User Group”**

**Paul-Scherrer-Institut**

**Switzerland**

**3rd-5th April, 2019**

#### Meeting Registration Form

|  |  |
| --- | --- |
| Surname (Family name)1: |  |
| Given Name (s): |  |
| Title or Function: |  |
| Institution: |  |
| E-mail address: |  |

|  |  |
| --- | --- |
| Title (s) of the presentation (s): |  |
| Time needed for presentation2(including 5 min for discussion): |  |
| Vegetarian food/other requirements on food (please specify): |  |
| Participation at social event: | **YES / NO** |
| Please indicate session: | **MELCOR / MACCS** |

**To be send by e-mail as soon as possible and in any case before 20th March, 2019 to:**

 **E-mail:** **bernd.jaeckel@psi.ch**

1 (Please indicate whether Prof., Dr., Miss, Mrs. )

2 If the time for the presentation will have to be amended due to the schedule, the author will be informed.