

Please fill in and send back to us the below registration form.

**ThermHex Workshop 2017**

**REGISTRATION TO THERM HEX WORKSHOP 07-08 NOVEMBER 2017**

<b>First Name :</b>	
Last Name:	
Company:	
Department:	
Address:	
ZIP Code:	
City:	
Country:	
e-mail address:	

I hereby confirm my registration to the workshop.