For (Trainings Name)

From (Date)

**Details of the participant** *(Thank you for completing all sections)*

Company:

Family name:  Mr  Ms

First Name:

Position in your company:

Address:

Postal Code:       City:

Country:       Phone number:

Email address:

**Participant’s level**

Level of knowledge:  Absolute beginner

Service experience with following HAMILTON Instruments:

already wrote assays/workflows

**Accommodation**

For information on recommended accommodations, please consult the service training schedule. If you need help with the booking, please contact: [iTechSupport@hamilton.ch](mailto:iTechSupport@hamilton.ch)

**Additional requirements**

Food preparation:  Vegetarian  Other:

Add. requirements:

Please note that your registration data (i.e. name, first name, email address) are used by Hamilton in order to create a personal profile in our e-Learning environment. This will allow you to complete an online test – for completion of the Service Training and in order to obtain the according certificate – and with signing this form you’re agreeing that Hamilton utilizes your data for this use in particular.

Date:       Signature:

*Please note that this registration is binding. In case of too few participants or due to other reasons, training dates might be changed or cancelled. In this case, you will be informed as early as possible. HAMILTON does not cover any costs resulting from changed or cancelled training dates.*

Email to: [iTechSupport@hamilton.ch](mailto:iTechSupport@hamilton.ch)