

**Registration for the 2nd Workshop**

**“Floating Zone technique”**

**04.04.2016 -06.04.2016**

**Venue: Leibniz Institute for Solid State and Materials Research Dresden ,**

**Helmholtzstr. 20, 01069 Dresden**

**Name:**

Institution:

Address:

# Tel.: E-mail:

**Please register until** **18.03.2016.**

E-mail: workshop@crystalgrowth.info

**For invited speakers**

Please indicate the time for which you will need an accommodation at the Star Inn Hotel Premium Dresden Altmarkt. We will book the room for you accordingly.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | 03.04.16 – 04.04.16 | 04.04.16-05.04.16 | 05.04.16-06.04.16 |
| Hotel reservation | **[ ]** | **[ ]** | **[ ]** |

Organisation:

* Dr. Sabine Wurmehl, IFW Dresden, Helmholtzstr. 20, 01069 Dresden,

s.wurmehl@ifw-dresden.de, Tel.: +49 (0) 351 – 4659519

* Prof. Dr. Bernd Büchner, IFW Dresden, Helmholtzstr. 20, 01069 Dresden,

b.buechner@ifw-dresden.de, Tel.: +49 (0) 351 – 4659808

* Robert Schöndube, Scientific Instruments Dresden GmbH, Gutzkowstraße 30, 01069

Dresden, r.schoendube@scidre.de

**Tentative Agenda: (Time for invited talks : each talk: 45min; Time for discussion: 15min)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Time/Date** | **Monday, April 4th** | **Tuesday, April 5th** | **Wednesday, April 6th** |
| 09:00.09:30 |  | Invited and contributing talks | Invited and contributing talks |
| 09:30-10:00 |  |
| 10:00-10:30 |  |
| 10:30-11:00 |  |
| 11:00-11:30 |  |
| 11:30-12:00 |  |
| 12:00-13:00 | registration and get together with coffee and snacks |
| 13:00-13:10pm | welcome |
| 02:00-02:30 | Invited and contributing talks |
| 02:30-03:00 |  |
| 03:00-03:30 |  |
| 03:30-04:00 | Poster session | visit at SciDre |
| 04:00-04:30 |
| 04:30-05:00 |
| 05:00-05:30 |
| 05:30-06:00 |
| 06:00-06:30 |  |  |  |
| 06:30-open end | dinner at own expenses | conference dinner |  |

**Are you planning to give a**

Contributed talk (approx. 20 minutes) yes / no

Bring a poster yes / no

**Title and Abstract**

|  |  |
| --- | --- |
| Title |  |
| Abstract |  |

**Conference Fee: (waived for invited speakers!)**

Please transfer 200 EUR conference fee to following bank:

IFW Dresden e. V.

SWIFT (BIC) DRESDEFF850

IBAN             DE73 850 800 000 410 440 701

Reference: FloatingZone2016, name

**Please fill out according to your preferences**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Mon 04th April | Tue 05th April | Wed 06th April |
| Workshop presence time | **[ ]** | **[ ]** | **[ ]** |
| conference dinner on Tuesday 05th April |  | **[ ]** |  |
| I will attend dinner at a local restaurant at own expences;  Monday 04th April .,Time 18:00-open end | | | **[ ]** |
| Interested in visit at SciDre (time and date tba) | | | **[ ]** |