

Application form

Autumn School 2008: Magnetoencephalography

Name	
Postal Address	
Email	
Phone	
Affiliation	

PhD Student ☐ yes ☐ no

Your level of education

Participation ☐ passive ☐ active

Title of Poster

Payment submitted ☐ yes ☐ no

Vegetarian food desired ☐ yes ☐ no

Your research background

Why do you want to participate? Your MEG-Experience?

What do you expect?

Comments and questions