



**Registration form**

***ECSS LAUSANNE 2006  
WORKSHOP LODE***

**Lode B.V.**

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Institute : .....  
Name : .....  
Profession : .....  
Country : .....  
E-mail : .....

**I would like to participate in the following workshop:**

***July 6***

- 11.40 – 12.25 h
- 14.15 – 15.00 h
- 15.30 – 16.15 h

***July 7***

- 09.45 – 10.30 h
- 11.40 – 12.25 h
- 15.15 – 16.00 h

***July 8***

- 09.40 – 10.25 h
- 10.25 – 11.10 h

**I would like to perform a Wingate Test during the congress:**  YES  NO

*Suggested date & time:* .....

**Comments / Suggestions**

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