



Hands-On Proteomics Workshop Registration

Full name (Title, First name, Surname)

Date _____

Institution

Institute/Department/Section

Email

Address (Street, Number, Zip Code, City, Country)

Invoice Address (Institution, Street, Number, Zip Code, City, Country)

academic **industry** **AuPA**

Experience in

- | | | |
|--|--|--|
| <input type="checkbox"/> Gel Electrophoresis | <input type="checkbox"/> 2D-Gel Electrophoresis | <input type="checkbox"/> Western Blotting |
| <input type="checkbox"/> 1D Gel Analysis (1D Gels) | <input type="checkbox"/> 1D Gel Analysis incl. Quantitative Analysis | |
| <input type="checkbox"/> 2D Gel Analysis | <input type="checkbox"/> 2D Gel Analysis incl. Quantitative Analysis | |
| <input type="checkbox"/> Mass Spectrometry: | <input type="checkbox"/> MALDI | <input type="checkbox"/> ESI |
| | <input type="checkbox"/> FT-MS | <input type="checkbox"/> TOF, qTOF, TOF/TOF |
| | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Orbitrap |
| <input type="checkbox"/> Protein Identification by Mass Spectrometry | | <input type="checkbox"/> Quantitative Proteomics |
| <input type="checkbox"/> no experience | | |

