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MICROSCOPY WORKSHOP APPLICATION FORM - GENERAL

|  |  |  |
| --- | --- | --- |
| workshop topic |  |  |
| nAME |  |  |
| Complete Name for Certificate |  |  |
| E-MAIL ADDRESS |  |  |
| PHONE NUMBER |  |  |
| DepartmenT Institution/company |  |  |
| ADDRESS |  |  |
| position / degree |  |  |
| RESEARCH AREATOPIC of experiment | / |  |
| LAB AND SUPERVISOR |  |  |
| bRIEF dESCRIPTION OF YOUR CURRENT PROJECT OR WORK |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Please mention any microscope you have used before from other institutes or previous work and “None” if you have no previous experience |
| Used to do observation / imaging techniques\* |  | Brightfield / Phase Contrast / DIC/ WideField Fluorescence / Scanning Confocal /None/ Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| INQUIRY |  | Please indicate what information you expected to get from this workshop : |
| YES / NO\* |  | Interested in any other Workshop? Please indicate “Yes” if you want us to inform you about any updates on next workshop with other topics, Seminars and Lab/Researchers-Meeting. |
|  |  | CV Submission |
|  |  | \*Please give circular marks on your interest |

Date :

Sign :

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