Registration form for Mathematical Modeling of Cancer Workshop

| 1 | Your full name | | | | |
|----|--|-----------------------|------|------|-----|
| 2 | Your current job | | | | |
| 3 | Your academic background | | B.Sc | M.Sc | PhD |
| | | University | | | |
| | | Field of Study | | | |
| | | Year (start - end) | | | |
| 4 | Statistical courses you have passed | | | | |
| 5 | Statistical software you are familiar with | | | | |
| 6 | Operating systems (Windows, Linux,) you are familiar with | | | | |
| 7 | Programming languages you know and the level of your profficiency | | | | |
| 8 | The software you prefer to use during the statistical workshops (R, Spss,) | | | | |
| 9 | Motivation to participate in the workshop | | | | |
| 10 | Your e-mail address | | | | |
| 11 | Your mobile phone number | | | | |
| | Comments | | | | |
| 12 | | | | | |
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