Withdrawal form

(Complete and return this form if you wish to withdraw from the contract)

To

Johannes Kepler Universität Linz

Institut für Biophysik

Altenberger Straße 69

A-4040 Linz

Fax:+ 43 732 2468-7630

E-Mail: linzwinterworkshop@jku.at

hereby give notice that (\*) withdraw from (\*) contract for the provision of the following service

description of service ........................................................................................................................

(\*) ..................................................................................................

Name of consumer(s) ..................................................................................................

Adress of consumer(s) ..................................................................................................

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Signature of consumer(s) (only if this form is notified on paper)

Date .................................................

(\*) Delete as appropriate