

12th International Conference on the Hsp90 Chaperone Machine

November 04 – 08, 2026

Registration form (use Adobe Acrobat/Acrobat Reader, NOT macOS "Preview")

Deadline (to send this form, abstract, and for payment): Sept. 20, 2026

| | | | |
|---|----------------------|--|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Title | First Name | Surname | Gender |
| <input type="text"/> | <input type="text"/> | | |
| Position | Affiliation | | |
| <input type="text"/> | <input type="text"/> | | |
| Affiliation Type | Department | | |
| <input type="text"/> | | | |
| Street | | | |
| <input type="text"/> | <input type="text"/> | | |
| City | ZIP-Code | | |
| <input type="text"/> | | | |
| Country | | | |
| <input type="text"/> | | | |
| E-Mail | | | |
| Fees | | | |
| Fees depend on your chosen position. <small>*graduate students/postdocs - 1 400€, academic PIs/staff scientists - 1 800€, corporate participants - 2 200€</small> | | | <input type="text"/> |
| Payment Information | | | Fees* in € |
| Bank Transfer: Recipient Technical University Munich IBAN DE10 7005 0000 0000 0248 66 BIC BYLADEMM Reference PK-Nr. 2050.0113.2967 & your name | | Credit Card (Visa & Mastercard) using epay.bayern.de Reference PK-Nr. 2050.0113.2967 & your name Please directly use the provided form on epay.bayern.de | |
| Abstract Submission | | | |
| Do you wish to submit a poster abstract? | | | <input type="text"/> |
| Would you like your abstract to be considered for a short talk? | | | <input type="text"/> |
| <input type="text"/> | | | |
| Title of the Abstract | | | |

Please send back, along with Abstract, via E-Mail to susanne.hilber@tum.de

(by Sept. 20, 2026)

Accommodation Requirements

Are you accompanied by another person not attending the scientific part of the meeting?

☐

Name and Surname

Do you have any preferences for sharing a room with another attendee (students and postdocs)?

☐

Name and Surname

Do you have any special requests (early late arrival, dietary restrictions, allergies, etc.)?

☐

additional requests

after submitting this form, you will receive an E-Mail confirming your registration