



DaVis PIV Seminar
September, 9th - 11th, 2025

REGISTRATION FORM

please e-mail back **until August, 7th 2025**
to seminar@lavigation.de

Last name: _____ **First name:** _____

Company/Institution: _____

Adress: _____

Post code/ ZIP: _____ **Country:** _____

Email: _____ **Phone:** _____

Please mark with a cross

☐ **I attend the DaVis PIV Seminar (September, 9th - 11th)**

I am using the following system: ☐ planar PIV ☐ Stereoscopic PIV ☐ Micro-PIV
☐ Time-resolved PIV ☐ Tomographic PIV ☐ Shake-the-Box (STB) ☐ other: _____

I work with DaVis version ☐ 11 ☐ 10 ☐ other: _____

Seminar fees (cover seminar documents, drinks, lunch and one collective dinner)

	PIV Seminar
Universities	1200 €
Research Center	1840 €
Companies	3535 €

Special dietary

☐ Vegetarian ☐ Vegan Intolerance to _____

Confirmation of participation will be e-mailed to your address upon receipt of the signed registration form.

An invoice will be sent to you.

If you are unable to attend after ordering the seminar another participant from the same institution is welcome.

Otherwise total seminar fee is to be paid as cancellation fee.

Date: _____ **Signature:** _____