Introduction to next generation sequencing data analysis training registration form

First name:

Last name:

E-mail:

Team:

Have you already worked on NGS data?

If yes, please provide a brief description (applications, tools used).

What do you expect to learn from this course?

When registering, you committed to participate to the training since IGBMC training service pays for the renting of your computer station during the three days.

Date

Registrant signature

Manager name and signature