Participation Questionnaire

This form can be downloaded from the IUPAC website, www.iupac.org/symposia/conferences/ga03

PLEASE RETURN THIS FORM TO:
IUPAC Secretariat
PO Box 13757, Research Triangle Park, NC 27709-3757, USA
E-mail: secretariat@iupac.org
Fax: +1 919 485 8706

To reach to Secretariat
no later than 1 April 2003

* (Circle as appropriate) USE PRINTED CAPITAL LETTERS

* Prof. / Dr. / Mr. / Mrs. / Miss

LAST NAME (SURNAME) .................................. FIRST NAME(S) ..........................

BUSINESS ADDRESS (Please include Post Code) Please check if new address ____

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BUSINESS TEL. NO. .......................... FAX NO. ..........................

E-MAIL ......................................................

Indicate Country to be shown on name badge: ..............................................

If you are a member of an IUPAC Body, please state below:
(e.g., Division Committee II Titular Member; CCE National Representative, etc.)

..................................................................................

If you are representing an Organization, please check the appropriate category below:

___ National Adhering Organization: (Country) ..........................

___ Associate National Adhering Organization: (Country) ..........................

___ Associated Organization (Name) ..........................

Please check the one that applies:

____ I will attend the 42nd IUPAC General Assembly

____ I will not attend the 42nd IUPAC General Assembly

Please check the one that applies:

____ Please send a letter supporting my visa application

____ Please do not send a letter supporting my visa application

Date of Arrival: ...................... Date of departure: ......................

(See Over)
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ACCOMPANYING PERSON(S)

Name of Participant: ………………………………………………………………………………………

Please indicate the names of accompanying persons:

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<th>First Name</th>
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