

Participation Questionnaire

This form can be downloaded from the IUPAC website, www.iupac.org/symposia/conferences/ga05

PLEASE COMPLETE BOTH SIDES OF THIS RETURN THIS FORM AND RETURN 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 the Secretariat
no later than 1 April 2005

USE PRINTED CAPITAL LETTERS

Prof. / Dr. / Mr. / Mrs. / Miss (Circle as appropriate)

LAST NAME (SURNAME) FIRSTNAME(S)

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

BUSINESS TEL. NO. FAX NO.

E-MAIL

Indicate Country to be shown on name badge:

Please check the one that applies (Attendance means participation in any of the meetings of the General Assembly):

- I will attend the 43rd IUPAC General Assembly
I will not attend the 43rd IUPAC General Assembly

If you are not planning to attend the General Assembly, you do not need to complete the remainder of the form.

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 and provide the information requested:

- National Adhering Organization: (Country)
Associate National Adhering Organization: (Country)
Associated Organization (Name of Organization)

Participation Questionnaire

Please indicate below the meetings you will be attending and the dates.

Division Committee

Standing Committee

Subcommittee.....

Task Group

Council

WCLM

Date of Arrival:

Date of departure:

ACCOMPANYING PERSON(S)

Name of Participant:.....

Please indicate the names of accompanying persons:

Salutation (Dr., Mrs.,...)	Last Name (Surname)	First Name