

Registration form ICPMAT2012

Please fill out and return by **1 May 2012** to icpmat2012@nt.ntnu.no

First Name		Last Name	
Title			
Affiliation			
Address			
E-mail			
Phone		Fax	
Accompanying person	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Name:		
Meals	Lunch Monday and Tuesday, and dinner Sunday, Monday and Tuesday are provided. Please make a note if you will not attend any of these:		
Dietary restrictions			
Accommodation	Comfort Hotel Park <input type="checkbox"/> Student accommodation <input type="checkbox"/> Will arrange myself <input type="checkbox"/>		
Shared room	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Name of roommate:		
Arrival	Date:		
Departure	Date:		
Title of presentation			
Type of presentation	Oral <input type="checkbox"/> Poster <input type="checkbox"/>		