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 Co	de) Please check if new address
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 (e.g., Division Committee II Titular Member; CC	
If you are representing an Organization, please	check the appropriate category below:
National Adhering Organization: (Co	ountry)
Associate National Adhering Organi	zation: (Country)
Associated Organization (Name)	
Please check the one that applies: I will attend the 42 nd IUPAC General I will not attend the 42 nd IUPAC Gen	Assembly seral Assembly
Please check the one that applies: Please send a letter supporting my please do not send a letter supporting	
Date of Arrival:	. Date of departure:

(See Over)

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ACCOMPANYING PERSON(S)

Nar	ne of Participar	nt:	
Plea	ase indicate the	e names of accompanying persons:	
	Salutation (Dr., Mrs.,)	Last Name (Surname)	First Name
		,	