Registration form for the BLIS meeting
3rd - 6th October 2001
Institiute for Storage Ring Facilities, University of Aarhus

Personal details

Surname _____ Title: _____

Firstname _____

Address

Department _____

Institute _____

Address _____

Address _____

Address _____

Postcode _____

Country _____

email address _____

Telephone number* _____

Fax number* _____

*Please include the international dialing code

Please indicate when you intend to arrive for the meeting.

Day _____ Approximate Time _____

And the day you intend to leave

Day _____ Approximate Time _____

Do you require accommodation to be arranged for your stay in Aarhus: YES/NO

Please send this form either: via email as an attached file to Ruth Laursen (ruth@ifa.au.dk), by fax +45 86 12 07 40, or by post to

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