

Astrochemistry Young Researchers Meeting

Registration form.

Details:

Name: _____

Affiliation: _____

Address: _____

Email Address: _____

Telephone: _____

Fax: _____

Would you like to present a talk? (please circle) Yes/No

Would you like to present a poster? Yes/No

Proposed Title: _____

Signature: _____ Date: _____

Please enclose a cheque made payable to the 'Astrophysical Chemistry Group' and return to:

Dr. D. Nutter
School of Physics and Astronomy
Cardiff University
Queens Buildings, The Parade
Cardiff
CF24 3AA