

Participation Questionnaire

This form can be downloaded from the IUPAC website,
www.iupac.org/symposia/conferences/ga09

PLEASE COMPLETE BOTH SIDES OF 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 2009

USE PRINTED CAPITAL LETTERS

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

FAMILY NAME (SURNAME) FIRSTNAME(S)

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

.....
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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 45th IUPAC General Assembly
- I will not attend the 45th 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 indicate its name and your status below:
(e.g., Division Committee II Titular Member; CCE National Representative, etc.)

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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)
- Company Associate (Name of Company)

Participation Questionnaire

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

Please note that a number of significant changes have been made in the GA schedule. The Division Committee meetings will be on Friday and Saturday, 31 July and 1 August, while the Standing Committees will meet on Sunday and Monday, 2-3 August. These dates are one day earlier in the week than at recent GAs. The Council meeting will be on Wednesday and Thursday, 5-6 August, rather than on Saturday and Sunday as has been the case for the past few GAs.

- 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.,...) | Family Name (Surname) | First Name |
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