
Registration WKIWASAWA

April 6 to 10, 2010

Registration Form

Family Name:

First Name:

Institution Full Address

Department:

University:

Street and number:

P.O. Box:

City:

Postal Code:

Country:

Telephone:

Fax:

e-mail:

Passport/DNI

Personal Address

Street name and number:

City:

Postal Code:

Country:

Citizenship:

Birthdate:

Gender: Female

Male

Bank fees must be paid by the participants.

No registration will be processed until the CRM receives the registration payment.

Deadline for registration and payment: March 5, 2010

Please, fill out the form, make a pdf file, and send it to wkiwasawa@crm.cat

For problems concerning the registration, please contact nhernandez@crm.cat



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