

APCPAS2014 Registration Form



Please put your
Latest picture

First Name	
Last Name	
Salutation (Prof/Dr/Mr/Ms)	
Phone Number	
Email Address	
Organization	
Country of Origin	
Presenting	Paper Poster
Non-Presenting	Participant

Please tick in relevant box

T-Shirt Size	M (36 UK)	L (40 UK)	XL (44 UK)	XXL (48 UK)	
Accommodation	Conference Hotel	Own Arrangement			
Conference Hotel Only	Smoking Room	Non-Smoking Room			
Food Allergies (if any)	Milk	Seafood	Egg	Peanut	Others: _____
Food Preferences (if any)	Vegetarian	Vegan	Pescovegetarian	Kosher	Halal
Disability (Please name if any)	: _____				
Religious Restrictions	: _____				
Special Request (if any)	: _____				

Payment Details

Date/ Time Transferred	: _____
From Account Number	: _____
Account Holder Name	: _____

Please leave this section blank for ISPASA use

Reference Number	:	
Room Number	:	
Usher	:	
Note	:	