

# Pre-Strings Registration Form

University of Durham - July 12th-13th

Name:.....

Institute:.....

Email:.....

## Students and Postdocs

*(If PhD student)*

Supervisor ..... Yr expect PhD.....

*(If PostDoc. Research Assistant)*

Year of PhD?.....

Financial Support Requested? (Yes/No)

Are you a member of the IOP? (Yes/No)

## Accommodation

I require accommodation for

Thursday evening (Yes/No) Friday evening (Yes/No)

I will require further accommodation (specify dates etc)

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.....

## Special Requirements

If you have any special requirements (vegetarian option at lunchtime buffet, disability access required etc) please indicate this below

.....  
.....

Please print this form out, complete it and return it by fax (0191-374-7388) or by post to

PreStrings  
Dr S.F.Ross  
Dept of Mathematical Sciences  
University of Durham  
South Rd  
DURHAM  
DH1 3LE

Forms should reach us preferably by **1st June** although late application will be considered.