

Auxetics2009@Bolton

6th International Workshop

Registration Form

Title:	
Surname:	
First name:	
E-mail:	
Job position title:	
Tel. No:	
Fax:	
Affiliation / Address:	
City	
Country	
Post code	

I will be attending on (please tick relevant box(es)):

- Full 4 days
- Monday 14th September 2009
- Tuesday 15th September 2009
- Wednesday 16th September 2009
- Thursday 17th September 2009

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6th International Workshop

Payment by Cheque Form

Registration Fee:	£	€
Dinner:	£	€
Total Amount	£	(€)
Please make cheques payable to:	The University of Bolton and quote reference No. CDD8085 on the reverse.	
Send cheques to:	Donna Zarei CMRI The University of Bolton Deane Road Bolton BL3 5AB	

For payment queries please contact Donna Zarei on: +44 (0) 1204 903101

Email: dz1@bolton.ac.uk