

Last Name: _____	First Name: _____	Male <input type="checkbox"/>
Email Address: _____	Address: _____	Female <input type="checkbox"/>
Affiliation: _____	City/PC: _____	
Phone : _____	Dietary Restrictions: _____	

BIMR Summer School Registration – Deadline May 23, 2014 **Registration A. \$150.00**

Based on your interest level please choose your top 3 experiments – Please circle numbers 1 through 3 -- 1 being your top interest and 3 your least.

Supervisors Name: _____	1 2 3 1. Floating Zone Image Furnace experiment	1 2 3 3. Chemical Vapour Transport Experiment
	1 2 3 2. Tri-Arc Experiment	1 2 3 4. Laue Crystallography Experiment

Do you require on campus accommodations? Yes <input type="checkbox"/> No <input type="checkbox"/> (Single Occupancy \$70.00/night) <input type="checkbox"/> (Double Occupancy \$55.00/night) <input type="checkbox"/> (Provide roommate's name) _____ Daily linen change option: additional \$24/person/night On-campus Breakfasts available for \$8.00/person/day On-campus Parking is available for \$12.00/car/day <p align="right">(All above prices include HST)</p>	Arrival Date: _____ Departure Date: _____ # of days: _____ # of days: _____ # of days: _____ Total Expense: \$ _____
Total Accommodations B. _____ Linen Change C. _____ Breakfast D. _____ Parking E. _____	

Social Events: please check if attending or not

Tuesday May 27, 2014 – Welcome and Introductions 6:00 – 9:00pm	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Thursday May 29, 2014 – Reception Banquet 6:00 – 9:30pm	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Method of Payment:

American Express <input type="checkbox"/>	Master Card <input type="checkbox"/>	Visa <input type="checkbox"/>
Institutional or Personal Cheque <input type="checkbox"/>		(payable to McMaster University-BIMR)

Name of Card Holder _____ Card Number _____
 Signature of Card Holder _____ Expiry Date _____

Return this completed registration form, with Payment, by May 23, 2014 via mail or fax to: Attention Debra Farquhar

MAIL TO: McMaster University-BIMR 1280 Main Street West – Room ABB 453 Hamilton, Ontario L9S 4K1	FAX TO: BIMR – McMaster University 905-521-2773
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For more information contact Debra Farquhar – dfarquh@mcmaster.ca or call 905-525-9140 ext 24683



NOTE: For your own safety, please do not e-mail this form with credit card information: Freedom of information and Protection of Privacy Act:

