



## european school on crystal growth

**PERSONAL INFO**First Name:  Mr  Ms \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

**AFFILIATION**

Title: \_\_\_\_\_

Degree: \_\_\_\_\_

Research Field: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**REGISTRATION PAYMENT**Payment type:  **Early** (Before 15<sup>th</sup> July **290€**)  **Late** (Within 31<sup>st</sup> July **340€**)Attending also ECCG5 Conference:  Yes  NoIUCr Grant:  Applied for  Assigned**Signature:**

\_\_\_\_\_

Return this form along with a copy of the bank transfer receipt to the following e-mail: [school@eccg5.eu](mailto:school@eccg5.eu)

Successful Registration will be confirmed by email.