Workshop On-line Biomonitoring

16-17 February 2004
Registration form

Name: ……..
Company: ……..
Address Street: ……..
PO Box ……
City ……
State ……
Postal Code ……
Country ……
E-mail address: ……..
Phone: ……..

Participant: water company / research institute / laboratory / equipment supplier / other

Wishes to present a poster: yes/no
Title of the poster: ……..
Wishes to give a demonstration of equipment yes/no
Name of equipment to be demonstrated:……..
Wishes to present pr-material: yes/no

Request for hotel room reservations: yes/no
Hotel room: smoking/non-smoking
Date and time of arrival: ……..
Flightnumber: ……..
Date and time of departure: ……..
Flightnumber: ……..

Special diet, diabetic etc.: yes/no

If so, please mention which and what the conditions are:
……

General remarks:
……
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Please return this form **before February 6th** by;

E-mail: Bianca.van.der.Wolf@kiwa.nl
or postal mail: Kiwa N.V. Research and Consultancy
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