

Fluorescence Applications in Biotechnology and Life Sciences - New Members Registration Form

Personal Information

Title*: _____ First Name*: _____ Last Name*: _____

Website: _____

Organisation: _____

Department: _____

Highest Qualification*: _____ Year Awarded*: _____

GAMS ID: _____

Contact Information

Email*: _____

PHONE NUMBERS:

Home: Country Code: _____ Area Code: _____ Phone #: _____ Ext: _____

Work: Country Code: _____ Area Code: _____ Phone #: _____ Ext: _____

Fax : Country Code: _____ Area Code: _____ Phone #: _____ Ext: _____

Mobile: _____

POSTAL ADDRESS:

Street: _____

City: _____ State/ Province: _____

Zip/ Postal Code: _____ Country: _____

Reason to Join

It is important for us know how the Network can best serve your interest. Please kindly state your reasons for wishing to join the Network.

Please send the completed form to:
A/Prof. Ewa M. Goldys
Director, Optical Microcharacterisation Facility,
Division of Information and Communication Sciences
Macquarie University, NSW 2109, Australia

Or email to: goldys@ics.mq.edu.au