MODELING OF CRYSTALLINE SYSTEMS

ASCS 2006 Application Form

Spokane, Washington September 18 – 22, 2006

Attn: ASCS 2006 Fax (509) 335-6115

Participant information: First and Last Name: \square M \Box F Gender: Date of Birth: Organization: ☐ Graduate student ☐ PhD student ☐ Postdoc Professor Research Scientist \Box Other: Position: Address: Town/Zip Code: State/Country: Phone/Fax: Country of Citizenship and Visa Type e-mail: ☐ Yes ☐ No Are you a CRYSTAL user? Current scientific activities: Latest scientific publications (max 3): ☐ Yes ☐ No I will present a poster: Apply for Grant: ☐ Yes ☐ No A limited number of grants are available to partially cover participation costs (Please provide a recommendation letter by your supervisor, group leader or senior scientist) Request for grant: