**2016 Canadian Chemical Crystallography Workshop**

**Registration Form for Non-Academics**

McMaster University, Hamilton, ON. May 22-26, 2017

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*Canadian National Committee for Crystallography (CNCC)*

*http://www.canadiancrystallography.ca/*

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| **First Name** |  |
| **Family Name** |  |
| **Department** |  |
| **Company** |  |
| **Address** |  |
| **E-mail address** |  |
| **Research Area**(enter 5 keywords describing your project) | **1****2****3****4****5** |
| **Name, E-mail of Supervisor**  |  |
|  |  |
| **Fee: $440.00CDN** | Participants selected for the workshop will be contacted and informed of the procedure for payment. Payment must be received prior to the course.  |

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| **Motivation**Describe in the box below your reasons for taking the course. Describe your business or research (what can be discussed publicly) and the need to use X-ray crystallography. How will taking this course will help with your contribution to your company’s advancement? Describe your current crystallography training and experience. This information will help us fine-tune the presentations. |
| **Enter your text here:** |
| **Instructions for submission:**Please fill in this form and send it to britten@mcmaster.ca as soon as possible (before May 1st). Ask your supervisor to send a brief e-mail (to britten@mcmaster.ca) describing the importance or attending the course for you and your research. Your supervisor must give your name in the e-mail subject. If more than one member of the research team is requesting attendance, a stronger justification must be given. |
| **Accommodation**Details for accommodations can be found at <http://xtallography.ca/index.php/xtal/meetings/cccw17/accommodation/> It will be the responsibility of the participants to book and pay for accommodations.  |

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