**2017 Canadian Chemical Crystallography Workshop**

**Registration Form for Academics**

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

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| **First Name** |  | | |
| **Family Name** |  | | |
| **Department** |  | | |
| **Institution** |  | | |
| **Address** |  | | |
| **E-mail address**  (University e-mail) |  | | |
| **Degree (in progress)** | **Master or PhD?** | **Years into your Degree?** | **Years past your Degree?** |
| **Research Area**  (enter 5 keywords  describing your project) | **1**  **2**  **3**  **4**  **5** | | |
| **Name, E-mail of Supervisor** |  | | |
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| **Fee: $220.00CDN** | Students 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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*Canadian National Committee for Crystallography (CNCC)*

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

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| **Motivation**  Describe in the box below your reasons for taking the course. Describe your research and the need to use X-ray Crystallography and why taking this course will help your academic requirements and/or progress in your research. 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](mailto:britten@mcmaster.ca) as soon as possible (before May 1st). Ask your supervisor to send a brief e-mail (to [britten@mcmaster.ca](mailto: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 student in the research group 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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