

Pre-registration

 Extranet

14 Mai 2013

AzurColloque > Home > ncAFM-school > Pre-registration

Preregistration for the conference : ncAFM-school

Mr

Last name* : Barth

You are* : Researcher

Phone : +33(0)660362819

CNRS employee* : ☒

Address* : Campus de Luminy

Address (cont'd) : Case 913

City* : Marseille Cedex 09

Postal code* : 13288

Country* : France

First name* : Clemens

E-Mail* : barth@cinam.univ-mrs.fr

Fax : +33(0)491418916

Enter your organization :

Affiliation* : CINaM - Centre Interdisciplinaire de Nanoscience de Marseille

Address* : Campus de Luminy

Address (cont'd) : Case 913

City* : Marseille Cedex 09

Postal code* : 13288

Country* : France

Contact Name :

E-Mail* : barth@cinam.univ-mrs.fr

Phone* : +33(0)660362819

Fax : +33(0)491418916

OK

* Fields needed

Registration

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Confirm a pre-registration

Please enter your information :

Last name : Barth

First name : Clemens

E-Mail : barth@cinam.univ-mrs.fr

Enter

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Confirmation of registration for the conference : ncAFM-school

Last name : M Barth

You are : Researcher

CNRS employee : Oui

Phone : +33(0)660362819

Address : Campus de Luminy

Address (cont'd) : Case 913

City : Marseille Cedex 09

First name : Clemens

E-Mail : barth@cinam.univ-mrs.fr

Fax : +33(0)491418916

Postal code : 13288

Country : France

Extra information

Arrival date* : 06/10/2013 (dd/mm/yyyy)

Arrival hour : 08:00 (hh:mm)

Dietary requirements* : ☒ None ☐ Specific requirement

Image rights : ☐ Yes ☒ No

Departure date* : 11/10/2013 (dd/mm/yyyy)

Departure hour : 09:00 (hh:mm)

Next Step

* Fields needed

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Confirmation of registration for the conference : ncAFM-school

Organization (origin)

Affiliation* : CINaM - Centre Interdisciplinaire de Nanoscience de Marseille
CNRS unit* : Non
Address* : Campus de Luminy
Address (cont'd) : Case 913
City* : Marseille Cedex 09
Contact Name* :
Phone* : +33(0)660362819

Postal code* : 13288
E-Mail* : barth@cinam.univ-mrs.fr
Fax : +33(0)491418916

Country* : France

Next Step

* Fields needed

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Confirmation of registration for the conference : ncAFM-school

Payment

☒ You are paying the Invoice.
☐ Someone else or a company pays :

Last name* :
CNRS Unit* : ☐ Yes ☒ No
Address* :
Address (cont'd) :
City* :
Phone* :
If organization : Contact Name :

Postal code* :
Fax :
E-Mail* :

Country* :

OK

* Fields needed

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Confirmation of registration for the conference : ncAFM-school

Invoice

Category* : Researcher senior

Researcher senior : 450 €
Invited : 0 €
Only School : 100 €
PhD student : 350 €
Postdoc : 350 €

OK

* Fields needed