

11<sup>th</sup> International Circumpolar Remote Sensing Symposium  
Scott Polar Research Institute, University of Cambridge, United Kingdom  
20-24 September 2010

### Registration Form

*Please complete a separate registration form for each participant.*

Title: Prof  Dr  Mrs  Ms  Miss  Mr  Rank \_\_\_\_\_ Other \_\_\_\_\_  
Forename(s) \_\_\_\_\_ Surname \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Post/Zip code \_\_\_\_\_

Country: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone (include international dialling code): \_\_\_\_\_

**Conference registration** (fee £150):

I will pay by credit card now

or I am sending a cheque\*

*\* Cheques should be in pounds, payable to 'The University of Cambridge'. Post-dated cheques are not accepted*

**Credit-card payments**

Please complete the following information:

Type of card (e.g. Visa, Mastercard\*): \_\_\_\_\_

Number of card: \_\_\_\_\_

Expiry date: \_\_\_\_\_ Month \_\_\_\_\_ / Year \_\_\_\_\_

Name on Card: \_\_\_\_\_

*\* We regret that we can not accept payment by American Express*

*Note: We will also need to know the 3-digit security number on your credit card. However, we do not recommend including this information on this form. Instead, we will e-mail you to ask you for this information after we have received this form. PLEASE NOTE THAT WE NEED YOUR E-MAIL ADDRESS IN ORDER TO BE ABLE TO ACCEPT A CREDIT-CARD PAYMENT*

**Additional information**

Please mention any special dietary, mobility or other concerns you would like us to know about:

\_\_\_\_\_  
\_\_\_\_\_

When this form is complete, please either **fax** it to +44 1223 336549 or **scan** it and attach it to an e-mail to Mrs Maria Pearman, [mbp25@cam.ac.uk](mailto:mbp25@cam.ac.uk)

**Postal address** (for sending cheques): CRSS Office, Scott Polar Research Institute, Lensfield Road, Cambridge CB2 1ER, United Kingdom.