



# Optical Fibre Sensors Conference 14-18 April 2008

## OFFLINE REGISTRATION FORM

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### Registrants:

Please complete the following form if you are unable to pay online. Please include a cheque or money order with the completed form and post to the address at the bottom of this form.

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### Contact Details:

**Title:**                      **First name:**                      **Surname:**

**Address:**

**City & State:**                      **Zip/Postal Code:**                      **Country:**

**Phone (incl. area code):**                      **Mobile (incl. area code):**

**Fax (incl. area code):**

**E-mail:**                      **Alternative e-mail:**

### Name & Affiliation for Badge (Optional):

Please tick this box if you object to your details being shared with others involved in this event.

### Additional Information

Please check this box if wheelchair access required.

Please check this box if special diet is required. State requirements:

I object to my contact details being shared with others involved in this event.

*(While every effort will be made to cater for special dietary requirements, the event organisers cannot guarantee requests will be met and will not be held liable where requests cannot be met.)*

Anything else you need to tell us?

A tax invoice/receipt will be issued at the conference.

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**OFS-19 Secretariat** ▪ Optical+Biomedical Engineering Laboratory ▪ M018, School of Electrical, Electronic & Computer Engineering  
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