

ACoRN Workshop on Cooperative Communications

University of New South Wales, July 9-10, 2007

Registration Form

FAMILY NAME/SURNAME:

GIVEN NAMES:

UNIVERSITY/AFFILIATION:

POSTAL ADDRESS:

PHONE NUMBER:

FAX NUMBER:

EMAIL ADDRESS:

The registration fee of \$50 is to be paid on the morning of the workshop.

Please return completed forms to:

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