

## REGISTRATION FORM FOR AMATEUR METEOROLOGISTS NATIONAL SYMPOSIUM 2010

4<sup>th</sup> –5<sup>th</sup> September 2010 at The University of Reading

*(Please type or use block capitals in black ink)*

Family name:  Title:

Other names:

Affiliation:  
*(optional to appear on name badge)*

Correspondence address:

Postcode:  Country:  Tel:

Email:  
*(will appear on delegate list)*

Do you have any special requirements? (eg dietary or access concerns)

If you are a member of the Society, please enter your membership number here:

If you are a member of COL please tick:

