

MINGLE 2003

Student confirmation form

Dr Neil Dodgson
MINGLE 2003 Workshop
Computer Laboratory
15 JJ Thomson Avenue
Cambridge CB3 0FD
United Kingdom
Fax: +44-1223-334678
E-mail: registration@mingle2003.org

I Student information

Surname: First name: Title:

Institution:

Address:

City: Country: Postal code:

E-mail:

II Confirmation of status

This should be completed and signed by the Head of Department or a person of equivalent standing.

I certify that the above named person is a student engaged in full time education

Date: Signature:

Name:

Position:

Please fax the completed form to +44-1223-334678 or send it by mail to the address above.

MINGLE 2003

Student confirmation form