|  |  |
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|  | Department of Architecture1-5 Scroope TerraceCambridgeCB2 1PXT +44 (0)1223 332950 |
| Dept of ArchitectureCOL |
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**100 YEARS OF RESEARCH & PRACTICE IN ARCHITECTURE**

**Registration Form**

**SYMPOSIUM REGISTRATION**

**Title:**

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

**First Name:**

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

**Last Name:**

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

**Affiliation:**

*Please tick the appropriate box*

|  |  |  |  |
| --- | --- | --- | --- |
| Student, University of Cambridge |  | Student, Other University |  |
| Faculty, University of Cambridge |  | Faculty, Other University |  |
| Industry |  | Media |  |
| Local Government |  | Central Government |  |
| Other, University of Cambridge |  | Other, Other University |  |
| Other, Non-University |  |  |  |

**Organisation & Group:**

*e.g. Department of Architecture, University of Cambridge*

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

**E-mail Address:**

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

**SYMPOSIUM DINNER**

**Will you be attending the post-symposium dinner?**

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

**If you will attend the dinner, do you have any special dietary requirements?**

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