## Festival de Theorie RELAXATIONS in MAGNETISED PLASMAS

7-25 July 2003

Aix-en-Provence, France

## **PARTICIPANT REGISTRATION FORM**

Please return this completed form before February 25<sup>th</sup>, 2003

Family Name	First Name
Institution	
Mailing Address	
City	Country
Phone	Fax
E-mail	
I confirm my participation in this Workshop  From (date of arrival) :	
I will need financial support	
Should you ask for financial support, we will need Yanick SARAZIN, phone +33 (0)4 42 25 48 03, Er level of support will depend on the needs and on o	mail <u>sarazin@drfc.cad.cea.fr</u> ? The possibility and
I would readily participate to the meeting with	
Family Name	First Name
Phone	Fax
E-mail	
PhD student, Post-Doc, other	
Please note that that the actual participation is subcommittee.	pject to an invitation by the local organising
Please refer to the "Accommodation" paragraph to	confirm your choice :
Hotel Peridence Les Jardine Manart	
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I wish to visit the Tore Supra site For the citizens from countries other than mandatory.	n the European Union and Switzerland, a 2 weeks notice is
The following information is <b>necessary</b> to Card with you the day of the visit).	to enter the Cadarache Site (Have your passport or I.D.
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