

**Registration Form**  
**ACREW International Postgraduate Workshop**  
**23 June 2005**

Family Name/Given Name: .....

Name Tag: .....

Address: .....

Telephone: .....

Email: .....

Degree: .....

Candidature: Full time/part time

University: .....

Department: .....

Supervisor/s: .....

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Stage of research: Early/Middle/Finishing

Brief summary of the research project:  
(150 words)

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If you have any queries, please feel free to contact:

Dr Susan Mayson

ACREW

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Conference Website:

<http://www.buseco.monash.edu.au/depts/mgt/sig/acrew/conference.php>