Hands-on Summer School on Advanced AFM **Techniques**

June 3-5, 2013, Montréal, Canada

Payment Form

Registrant: **Affiliation: Fax** (for receipt): __ (Payable to McGill University, Department of Physics) ____ American Express ____ Visa ___ Mastercard Credit card: Name on card: (if different from above) **Credit Card Number: Expiration date:**

Please fill out this form and fax it to: Ms. L. Decelles

Cheque:

Amount:

Signature:

(CDN \$50.00 per participant)

Department of Physics McGill University

FAX 1 514 398 8434