**QRA POSTGRADUATE SYMPOSIUM 2018
REGISTRATION FORM**

1. First Name…………………………………………………………………………………..
2. Surname……………………………………………………………………………………..
3. Institution…………………………………………………………………………………..
4. Email……………………………………………………………………………………………
5. Preference of Presentation (delete as appropriate):

Oral Poster

1. Year of Study (delete as appropriate):

MSc Taught MSc Research 1st Year PhD 2nd Year PhD 3rd Year PhD and +

1. Dietary Requirements

Please list any dietary requirements so we can cater for you:

1. Medical Information

Day 3 of the symposium involves a field visit. We will be walking on uneven and in places steep ground. Please provide details of any recent illness, medical condition or allergy of which the field course leaders should be aware:

(please tick then sign below)

1. Consent to photographs taken and used by QRA in media
2. Consent acknowledging field visits can be hazardous however risk assessments have been carried out to minimise hazards. You are responsible for following countryside codes and should abide by safety instructions given by field leaders.

Signature:

Date: