Registration Form

**Postgraduate Learning Workshop: “Challenges of Security Cooperation in EUrope”**

**22-23 October 2012, Aberystwyth University**

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| Forename |  |
| Family Name |  |
| University/Department |  |
| PhD Candidate |  |
| Year of Registration |  |

**Personal**

**Details**

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| --- | --- |
| Postal Address |  |
| E-mail address |  |
| Contact Number  (mobile preferred) |  |

**Contact**

**Details**

Permission to include your name in the Workshop Participants’ List: Y / N

Will be attending the Workshop Dinner: Y / N

Please e-mail this form to Ira Bliatka ([irb2@aber.ac.uk](mailto:irb2@aber.ac.uk)) or send via post to

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| Ira Bliatka Department of International Politics  Aberystwyth University  Penglais Campus  Aberystwyth  Ceredigion  SY23 3FE  Wales |