Registration Form

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

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

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

**Personal**

**Details**

|  |  |
| --- | --- |
| 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) or send via post to

|  |
| --- |
| Ira BliatkaDepartment of International PoliticsAberystwyth University Penglais Campus AberystwythCeredigionSY23 3FE Wales |