

Friends of



Application

Name:

Institution:

Address:

Email Address:

Phone Number:

Type of assistance required:

- ☐ Registration
- ☐ Transportation
- ☐ Housing – 4 nights in shared accommodation in institute guest houses

Are you receiving any assistance from your employer or any other institution for this meeting?

☐ Yes ☐ No

If yes, what kind of assistance?

Please tell us about the position you hold in your institution

Application deadline: October 9, 2009

Send application to: library@usno.navy.mil