**Jerico Next - Salinity Exercise**

**July-August 2016**

Registration form

to be completed and sent back to florence.salvetat@ifremer.fr

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**Personal details**

Mr
Ms

Name: ..........................................

Surname: .........................................

E-mail: ....................................................

Company or Research Institution: ...........................................

**Professional address**

Address: ...............................

Town:......................... Zip code: ..............

City: .................Country: ......................

Phone: + .........................
e.g.: 33 2 98498820

Fax: + ..................................
e.g.: 33 2 98498820

Company or Institution website: ...........................................

**Required information**

State the manufacturer and type of your main reference instrument for salinity measurements (the one you will be using to analyse the samples that will be sent to you), adding a short description of your routine operating, maintenance and calibration practices for the device:

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State how many standard bottle volumes (multiples of 200ml) you will need to perform at least 5 individual measurements:

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Any comments:

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**Mailing address for samples**

Full name (of person to whom samples are to be sent): ...............................

Address: ...............................

Town:......................... Zip code: ..............

City: .................Country: ......................

Phone: + .........................
e.g.: 33 2 98498820

Fax: + ..................................
e.g.: 33 2 98498820