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| Nutri-inno 2017  Participant Application |  |

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| CONTACT Information | | | | | |
| **Last Name** |  | **First Name** |  | **Title** |  |
| **Department** |  | **Position** |  | | |
| **Address** |  | | | | |
| **City** |  | **Postcode** |  | | |
| **Phone** |  | **E-mail** |  | | |
|  | | | | | |
| YOUR RESEARCH | | | | | |
| *Please give a short description of your research* [max 200 words] | | | | | |
| **WHAT WOULD YOU MOST LIKE TO GET OUT OF NUTRI-INNO?** | | | | | |
| [max 200 words] | | | | | |
| **Please advise us of any specific dietary requirements** | | | | | |
| **RETURN THIS COMPLETED FORM TO JACQUELINE GARGET,** [**coordinator@globalfood.cam.ac.uk**](mailto:coordinator@globalfood.cam.ac.uk) **BY 3 NOVEMBER 2017.** | | | | | |