Registration Form

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Date*: / /
(Month/Day/Year)

Name* (Family name) (First name) (Middle name)

☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms.

Department:

Company / Organization:

Postal address:

City / State* Country*

Zip / Postal code

Telephone*:

Facsimile:

Email*: @

Intended Use*: Please check the category that best describes how you will use the data

- ☐ Research
  - ☐ Atmospheric deposition
  - ☐ Ecosystem Process
  - ☐ Aquatic Effects
  - ☐ Material Effects
  - ☐ Terrestrial Effects
  - ☐ Modeling ( )
  - ☐ Other, Please specify ( )
- ☐ Policy-related
- ☐ Others, Please specify ( )

Signature