IRSN Workshop registration form

*Natural fractures in clayrocks*

Please fill it then record or scan, and send to:

*jean-michel.matray@irsn.fr*, *pierre.dick@irsn.fr* and/or *muriel.rocher@irsn.fr*

Your name

Your (professional) email address

Your professional affiliation

Do you plan to participate to the two days of the workshop? (*check the correct box*)

⬜ Yes, the two days, 29th and 30th September

⬜ Only the 29th September

⬜ Only the 30th September

Will you participate physically or online? (*check the correct box*)

⬜ Physically

⬜ Online

If you plan to participate physically, do you plan to come to the dinner on 29th September (offered by IRSN)? (*check the correct box*)

⬜ Yes

⬜ No