

APPLICATION FOR COURSES
COMPLEX CARBOHYDRATE RESEARCH CENTER

(PLEASE PRINT)

Name: Dr./Mr./Miss/ Mrs./Ms.

Email:

Organization:

Business Address:

City, State and Zip:

Check the course(s) you are interested in:

- Course #1 August 7-11, 2017 Techniques for Characterization of Carbohydrate Structure of Polysaccharides
Please select one of the three modules as discussed in the course information sheet.
_____ Mass Spectrometry _____ Nuclear Magnetic Resonance _____ Computer Modeling
- Course #2 August 14-18, 2017 Separation and Characterization of Glycoprotein and Glycolipid Oligosaccharides
Please select one of the three modules as discussed in the course information sheet.
_____ Mass Spectrometry _____ Nuclear Magnetic Resonance _____ Computer Modeling
- Course #3 August 21-24, 2017 Analytical Techniques for Characterization Analysis of Glycosaminoglycans
- Course #4 October 16-18, 2017 Mass Spectrometry of Glycoproteins

Type of position?

- Graduate Student Program Manager University Professor Research Scientist Post-Doctoral
_____ Other (specify)

Please briefly indicate your areas of research/interest.

How did you learn about the courses?

Signature:

Date:

Please fax form to: 706-542-4412 or email to: cconnelly@ccrc.uga.edu

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