



UNIVERSITY OF
CAMBRIDGE



Agri-Innovation

Agri-Innovation 2017

Registration Form

Title

First name

Last name

Organisation/Department/Research Institute

Email address

Telephone (preferably mobile)

Please give a brief description of your area of work (business or research)

Please explain how you would contribute to Agri-Innovation

What would you most like to get out of the workshop?

Please advise if you have any dietary requirements



To be completed and sent to ml745@cam.ac.uk by 3rd February 2017