



Conference Registration Form

Please return the completed form by fax to +44 141 2731430 or post to: Marianne Halferty, Conference Administrator, Glasgow Caledonian University, Caledonian Environment Centre, 5th Floor, Buchanan House, Cowcaddens Road, Glasgow, G4 0BA, UK

Details of attendees	Number attending:
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1. Title	Forename	Surname
Please confirm attendance at Conference Dinner		
Any special dietary requirements (please specify)		

2. Title	Forename	Surname
Please confirm attendance at Conference Dinner		
Any special dietary requirements (please specify)		

3. Title	Forename	Surname
Please confirm attendance at Conference Dinner		
Any special dietary requirements (please specify)		

Organisation name:			
Department			
Address			
City			
County/State			
Postal/Zip code			
Country			
Telephone		Fax	
Email address			

If the attendees have submitted a paper or papers to the conference please give the paper ID number(s) here:	
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Details of any guests at the Conference Dinner	
Please note that there are a limited number of guest places and these will be allocated on a 'first-come, first-serve' basis. Guest places are limited to one place per conference attendee.	
Guest name	Any special dietary requirements (please specify)
Guest name	Any special dietary requirements (please specify)
Guest name	Any special dietary requirements (please specify)



Conference Registration Form (cont.)

Conference Fees (quoted in British Pounds Sterling £)	Total Fee (includes VAT at 17.5%)
Student Fees per attendee Includes delegate attendance at dinner	£235.00
If student, please supply matriculation number(s).	
Full Conference Fees per attendee Includes delegate attendance at dinner	£440.63
Fee per conference dinner guest Please note one guest per conference attendee	£58.75
Number of attendees	
Number of conference dinner guests	
Total amount due	£

Method of payment	
Cheque: I enclose a cheque for the sum of: Please make payable to "Glasgow Caledonian University"	Sterling (£)
Bank draft	Sterling (£)
Invoice	Please provide address details if different from above
Bank transfer	
Bank name:	Royal Bank of Scotland 23 Sauchiehall Street, Glasgow, G2 3AD, UK
Account name:	Glasgow Caledonian University
Account number:	00716754
Sort code:	83-52-00
Swift code:	RBOS GB2L
IBAN no:	GB54 RBOS 835200 00716754
	At the time of payment transfer, please ensure that a remittance advice, detailing your payment, is sent to "Glasgow Caledonian University Cashiers' Office", Glasgow Caledonian University, Glasgow, G4 0BA, UK.
Credit/Debit card	If you wish to pay by credit or debit card, please return your registration form along with the card payment form, either by fax or post to the address shown at the top of this form.

Cancellations and Refunds
Any cancellation must be received in writing before Wednesday 30 May 2007 (a cancellation charge of 25% of the conference fee will be incurred for administration expenses). After this date the cancellation cannot be accepted or any fees refunded but a substitute delegate can be named. It may be necessary for reasons beyond the control of the organisers to change the content and timing of the event, the conference speakers, the date or the venue. In the event that the conference is cancelled a full refund of the conference fee will be made however, the Conference Organisers disclaim any further liability.

Copies of these forms are available on the conference web site conference.sue-mot.org.



Card Payment Form

If you wish to pay by credit or debit card, please complete this form and send it along with your registration form by fax to +44 141 2731430 or by post to: Marianne Halferty, Conference Administrator, Glasgow Caledonian University, Caledonian Environment Centre, 5th Floor, Buchanan House, Cowcaddens Road, Glasgow, G4 0BA, UK

Name of attendee(s)	
Organisation name	
Address	
City	
County/State	
Post/Zip code	
Country	
Email address	
Telephone number (including dialling codes)	
Fax number (including dialling codes)	

PAYMENT METHOD	CREDIT / DEBIT (please circle)
Type of card e.g. Visa, Mastercard	
Name on card (if different from above)	
Card number	
Valid from date	
Expiry date	
Card issue number (if applicable)	

If different to the address you give above, please give here the postal address (including full Post Code / Zip Code) to which the cardholder's credit / debit card statements are sent.

NB. If this information is not provided, the transaction WILL NOT be processed!

Please debit my credit/debit card with (Sterling) £
Signature
Print name