

# Conference 2008 – Delegate Booking Form



Name ..... Title (Mr/Ms/Dr/Prof/Other) .....  
Position ..... University/Organisation .....  
Email ..... Membership No. ....  
Address.....  
.....  
Tel No. .... Postcode .....  
..... Fax No. ....

## Delegate Fees

### MEMBER RATES:

€ Full residential conference £395.00  
€ Full non-residential conference inc. conference dinner £275.00  
€ Full non-residential conference NOT inc. conference dinner £250.00  
€ Day delegates (delete as applicable) Mon 30 June - £50.00 Tues 1 July - £125.00 Weds 2 July - £75.00

### NON-MEMBER RATES:

€ Full residential conference £495.00  
€ Full non-residential conference inc. conference dinner £375.00  
€ Full non-residential conference NOT inc. conference dinner £350.00  
€ Day delegates (delete as applicable) Mon 30 June - £110.00 Tues 1 July - £185.00 Weds 2 July - £135.00

### ADDITIONAL RATES FOR ALL:

Additional accommodation – Sunday 29 June £89.00  
Ghost Walk - 4pm Tues 1 July £3.50 (payable on the day) Please tick to indicate interest

Full Conference Fee includes three days access to the event, available conference papers, lunches, dinners and refreshments and accommodation (unless non-residential). Fees do not include travel costs.

Day registration includes day access to the event, available conference papers, lunch and refreshments. Fees do not include dinner, accommodation or travel costs.

ADDITIONAL REQUIREMENTS If you have any additional requirements, please describe them here. If you have any dietary preferences or requirements regarding accessibility of the venue (e.g. loop systems, interpreters, wheelchair access, large print/coloured paper etc) please indicate below. If necessary, you will be contacted to ensure that individual requirements are met.

## How to pay

Completed registration forms must arrive at the NASMA Office no later than Friday 6 June 2008.

- € I enclose a cheque for £.....(payable to NASMA)
- € I require an invoice and enclose an authorised purchase order. I understand that once an invoice is issued I/my organisation will be liable for the full charge
- € I wish to pay via BACS (please ensure the remittance advice is sent to the NASMA Office)

### NASMA Account details for payment

Name: NASMA Sort Code: 08-92-99 Account Number: 69289299

## Agreement

*I understand that by signing this agreement I/my organisation will be liable for the full charge. I have selected my workshop sessions using the template overleaf.*

Signature ..... Date .....

Please return your completed form plus payment (cheque or BACS remittance advice) to: Karen Packard, NASMA Administrator, PO Box 8970, Nottingham, NG11 1AN

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## WORKSHOP SELECTION

### Monday 30 June: 3.30-5.30pm

1<sup>st</sup> Choice .....

2<sup>nd</sup> Choice .....

3<sup>rd</sup> Choice .....

### Tuesday 1 July: ALL DAY SESSIONS

**OR**

### Tuesday 1 July: 9.30am-12noon

1<sup>st</sup> Choice .....

2<sup>nd</sup> Choice .....

3<sup>rd</sup> Choice .....

1<sup>st</sup> Choice .....

2<sup>nd</sup> Choice .....

3<sup>rd</sup> Choice .....

### Tuesday 1 July: 1-3.30pm

1<sup>st</sup> Choice .....

2<sup>nd</sup> Choice .....

3<sup>rd</sup> Choice .....

### Wednesday 2 July: 10am-12noon

1<sup>st</sup> Choice .....

2<sup>nd</sup> Choice .....

3<sup>rd</sup> Choice .....

### Wednesday 2 July: 1-2.30pm

1<sup>st</sup> Choice .....

2<sup>nd</sup> Choice .....

3<sup>rd</sup> Choice .....