

**Contact Details** 

## **Booking Form**

## **National Conference and AGM 2019** Saturday 29th June 2019

| Title (Dr, Prof, Mr Ms)                                         | •••••          |                 |                     |                        |
|-----------------------------------------------------------------|----------------|-----------------|---------------------|------------------------|
| Name                                                            |                |                 |                     |                        |
| Address for all correspondence                                  |                |                 |                     |                        |
|                                                                 |                |                 |                     |                        |
|                                                                 | Postco         | ode             |                     |                        |
| Name of place of work                                           |                |                 |                     |                        |
| NSEAD membership number (if a                                   | pplicable)     |                 |                     |                        |
| Daytime telephone number                                        |                |                 |                     |                        |
| Email address                                                   |                |                 |                     |                        |
| Dietary requirements Vegetaria                                  | an 🗌 Veg       | an 🗌            |                     |                        |
| 0.1 ( )                                                         |                |                 |                     |                        |
| Other (ple                                                      | ase specify) . |                 |                     |                        |
|                                                                 |                |                 |                     | Have god /Troin o      |
| Fees, (please circle)                                           | Member         | Non-member      |                     | Unwaged/Trainee        |
|                                                                 |                |                 |                     | Unwaged/Trainee        |
| Fees, (please circle)                                           | Member         | Non-member      | ATS student         |                        |
|                                                                 |                |                 |                     | Unwaged/Trainee<br>£40 |
| Fees, (please circle)                                           | Member         | Non-member      | ATS student         |                        |
| Fees, (please circle)  Saturday  Annual Dinner Saturday evening | Member £150    | Non-member      | ATS student         | £40                    |
| Fees, (please circle) Saturday                                  | Member         | Non-member      | ATS student         |                        |
| Fees, (please circle)  Saturday  Annual Dinner Saturday evening | Member £150    | Non-member £180 | ATS student £60 £10 | £40                    |

## **PAYMENT**

| I wish to pay by the following means:                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Cheque.</b> I enclose a cheque made payable to NSEAD to the value of £                                                                                       |
| <b>Invoice</b> . This option is only available if your school/college is paying and will only be possible if an official order number accompanies this booking. |
| Address for invoice                                                                                                                                             |
|                                                                                                                                                                 |
| Postcode                                                                                                                                                        |
| Credit/debit card                                                                                                                                               |
| Card type (please circle) VISA MASTERCARD                                                                                                                       |
| Card number                                                                                                                                                     |
| Name on Card                                                                                                                                                    |
| Start Date (if shown) Expiry Date                                                                                                                               |
| Security number (last 3 digits on security strip)                                                                                                               |
| Address at which card is registered (if different from contact address)                                                                                         |
|                                                                                                                                                                 |
|                                                                                                                                                                 |
| Postcode                                                                                                                                                        |
| Please note, no hotel bookings are included in this fee                                                                                                         |
| Cancellations will incur a £15 administration fee. No refund available for cancellations after $7^{\rm th}$ June 2019                                           |
| NSEAD reserves the right to make changes to the programme without prejudice or prior notice.                                                                    |
| Please return this form, together with your payment to:                                                                                                         |
|                                                                                                                                                                 |
|                                                                                                                                                                 |
| NSEAD, 3 Mason's Wharf, Corsham, Wiltshire, SN13 9FY Tel: (01225) 810134, Fax: (01225) 812730, Email: info@nsead.org                                            |

If you are intending to pay by credit / debit card please do not email the card details . . . you can make payment securely by following this link <a href="http://www.nsead.org/home/payment.aspx">http://www.nsead.org/home/payment.aspx</a>