

REGISTRATION FORM

Note: All participants are required to complete this form. Please use BLOCK CAPITALS

Course Title			
Course Date		Title (Dr,Mr,Mrs, etc.)	
Surname		First Name	
Company Name		Job Title	
Address Line 1			
Address Line 2			
Postcode		IET Membership No.	
Telephone No		Fax No	
Email		Mobile	

Course Fee	
VAT	
Total	

Payment will be required prior to the course. To reserve a place send either an official order, a crossed cheque made payable to "York EMC Services Ltd." Or complete the credit card details below. In addition, provisional telephone or email reservations are welcome.

Purchase Order Number		
Address for Invoice (if different)		
	Postcode	

Please charge to my credit card:

Please tick card type (no other cards accepted)		Cardholders Name:
Visa	MasterCard	
Credit Card No.	Expiry Date:	
	Address to which card is registered:	
Last 3 digits of security code		
	Postcode:	

For Office Use Only	Cheque No.
Amount:	Customer No.
Invoice Request No.	Invoice No.

Do you have any special needs or support requirements which York EMC Services Ltd. should be made aware of as a consequence of any disability or medical condition?

If you have any special dietary requirement please indicate below: e.g. diabetic, vegetarian, allergies etc.

Cancellation

If a booking is cancelled within a period up until 2 weeks prior to the commencement of the course, 15 % of the course fees are payable. If the cancellation takes place within 2 weeks prior to the course commencing, full fees are payable. York EMC Services Ltd reserves the right to cancel this short course/workshop.

Signature of Applicant _____

Date _____

Please return this form, together with remittance or order to:

 York EMC Services Ltd

CPD Co-ordinator
York EMC Services Ltd
University of York
Heslington
YORK, YO10 5DD
Tel: +44 (0) 1904 434440
Fax: +44 (0) 1904 434434