

INSTITUTE OF ENGLISH STUDIES

**COMITÉ INTERNATIONAL DE PALÉOGRAPHIE LATINE XVITH COLLOQUIUM:
TEACHING WRITING, LEARNING TO WRITE**

SENATE HOUSE, UNIVERSITY OF LONDON: 2 – 5 SEPTEMBER 2008
(WITH OPTIONAL LUNCH AT CORPUS CHRISTI COLLEGE CAMBRIDGE ON 6 SEPTEMBER)

REGISTRATION FORM

PLACES LIMITED TO 140: PLEASE REGISTER BY IF POSSIBLE BY MONDAY 21 JULY 2008

Delegates may pay by credit/debit card or cheque payable to “UNIVERSITY OF LONDON”. Delegates paying the concessionary rate will be required to show evidence of concessionary status when registering.

Please return both parts of the completed form and debit / credit card number or cheque (where appropriate) to:
Events Officer, Institute of English Studies, Senate House, Malet Street, London, WC1E 7HU.

Email: jon.millington@sas.ac.uk ; Fax: +44 (0)20 7862 8720; Tel: +44 (0)20 7664 4859; Website <http://ies.sas.ac.uk>

PLEASE NOTE: ADDITIONAL CHARGE FOR LUNCH AT CORPUS CHRISTI COLLEGE CAMBRIDGE

YOUR CONTACT DETAILS (please use BLOCK CAPITALS)

It is essential that you provide your email address and/or telephone/fax number(s) in case we need to contact you about the conference. This information is for our records only and will not be divulged without your prior consent.

Title: (e.g. Professor, Dr, Mr, Ms, Miss, Mrs)

Forename(s):

Surname:

Department/University: (where applicable)

Preferred Mailing Address:

Email:

Telephone/Fax number(s):

DATA PROTECTION (please tick the appropriate box)

- Please tick here if you do **not** want your e-mail address distributed to other delegates.
 Please tick here if you do **not** want your mailing address distributed to other delegates.
 Please tick here if you do **not** wish to be on the Institute's e-mailing list (for details about our events, courses, etc.).
 Please tick here if you do **not** wish the Institute to share your details with other academic, non-commercial institutions.

SENATE HOUSE LIBRARY SPECIAL COLLECTIONS 30 MIN TOURS (no charge: please tick one if you would like to attend)

<input type="checkbox"/> 1.00pm Tuesday 2 September (max. 12)	<input type="checkbox"/> 1.30pm Tuesday 2 September (max. 12)
<input type="checkbox"/> 1.00pm Thursday 4 September (max. 12)	<input type="checkbox"/> 1.30pm Thursday 4 September (max. 12)

WELLCOME LIBRARY VISIT/RECEPTION: WEDNESDAY 3 SEPTEMBER (no charge)

Please tick if you would like to attend

LAMBETH PALACE VISIT/RECEPTION: THURSDAY 4 SEPTEMBER (no charge)

Please tick if you would like to attend

LUNCH AT CORPUS CHRISTI COLLEGE CAMBRIDGE: SATURDAY 6 SEPTEMBER NOW FULLY BOOKED

PAYMENT/ FEE STATUS (please tick the appropriate category and add payment for the 6 September lunch if appropriate)

- £100: Full Fee
 £60: Concessionary fee for students/unwaged (proof of status required on arrival please)
 and for members of COMITÉ, AMARC, APICES, IES (please indicate which applies to you)

Additional amount for 6 September Cambridge lunch if applicable: £

Cheque/Credit/Debit card (delete as appropriate) **TOTAL AMOUNT: £**

Delegates paying by credit/debit card please complete the section headed “Cardholder Details” on page 2 of this form.

I would like an acknowledgement of my registration and payment to be sent by email / by post*
 (*please enclosed stamped/addressed envelope if possible)

For office use only:

Fee:	Amount Paid:	Method of Payment:
Receipt Required: Y/N	Receipt sent by:	Date:
Processed by:	Date:	
Certificate of attendance prepared by:	Date:	
Membership Details sent by:	Date:	
Notes:		

Institute of English Studies
Senate House

CREDIT / DEBIT CARDS

FORM NUMBER

Complete All Cardholder Details Below

Credit or Debit Card Type <small>Visa, MasterCard, Maestro, Solo, Visa Electron, JCB</small>	>	
Card Number - 16 to 19 digits <small>e.g. 1234 5678 9876 5432</small>	>	
Issue Number - Maestro & Solo <small>e.g. 002</small>	>	
Card Expiry Date - month / year <small>e.g. 11/07</small>	>	
Card Start Date (if present) - month / year <small>e.g. 03/05</small>	>	
Name and Initials - as stated on the card <small>e.g. Mr A N Other</small>	>	
Cardholder's Full Billing Address <small>Flat 2, Grange Walk, London etc.</small>	>	
Post / ZIP Code <small>PC99 8XY</small>	>	
Issuing Bank – as stated on reverse of card <small>e.g. Standard Chartered</small>	>	
Amount £ <small>(in GBP Sterling)</small>	>	

FOR OFFICIAL UNIVERSITY USE ONLY

Description / Goods / Service etc	VAT Code	Nominal Income Code	Amount £
CIPL XVI COLLOQUIUM FEE	A E	TG05D1	
Total value of transaction (GBP Sterling) authorized by cardholder			
Completed by: Finance Officer	Room Number: NG17		
Date processed:	Telephone (queries): 8676		
To be completed by cashiers			CASHIERS STAMP
Sale processed and income credited			<input type="checkbox"/>