JOYCE IN THE NINETEENTH CENTURY 14-17 April 2010

REGISTRATION FORM

Title:	Fo	Forename:		Surname:				
Address:								
Post Cod	e:		Country:					
Email:			University	Affiliation:				
Tel:			Fax:					
Full Residential Packages (including single room for 3 nights from Wednesday - with all meals and refreshments) ☐ Full Residential Package						£220	Insert Cost	
Individua	al Day Rates (including refre	shments but not mea	als)					
	Wednesday 14 th April Thursday 15 th April					£35 £50		
	Friday 16th April					£50		
	Conference Dinner: Friday 16	^h April				£20		
	Saturday 17 th April					£35		
	al Nights B&B Accommodat	ion						
	Tuesday 13 th April Wednesday 14 th April					£30 £30		
	Thursday 15th April					£30		
	Friday 16 th April					£30		
	Saturday 17 th April					£30		
	king / Wifi Access					410		
	Car Parking (within 12 minute Username & Password for Wi	s walking distance) fi Access				£10 £5		
TOTAL PAYMENT DUE:						£		
	I enclose a cheque (in £ sterlin I wish to pay by Mastercard / \			ollege'				
Name on	Card:							
Card Nur	nber:			CCV code:		(last three digits or	n back of card)	
Issue Nur	nber:	Start date:		Expiry date:	<u> </u>		·	
Signature:								
Please use	e this space to indicate any dieta	ry / mobility or other sp	ecial requirements:					
	Please tick here if you do not	agree to your name and	l email address being	g made available to o	ther delegates			

Cancellation/refunds policy:

Delegates are liable for all bookings made unless notification of cancellation is received **in writing**. Refunds (with the deduction of a 20% administration charge) may be made until Ist March, after which no refunds will be given. Early booking is advisable, as space is strictly limited.

Registration forms should be returned to: The Conference Office St Chad's College 18 North Bailey Durham DHI 3RH United Kingdom