## Efface the Traces!" - Modernism and Influence 9 - 11 April 2013

## **REGISTRATION FORM**

Address:    Post Code:	Title:	For	rename:	Surname:		
Email: University Affiliation:	Address:					
Email: University Affiliation:	——Post Code:			Country:		
Registration Fees   Registration Fees   Gall Fee   Gall Fee   Reduced fee for Postgraduate / PostDoc Delegates				University Affiliation:		
Full Fee   Reduced fee for Postgraduate / PostDoc Delegates	Tel:					
Including three lunches, an evening meal on Tuesday and the conference reception & gala dinner on Wednesday, B&B in a single room on Tuesday & Wednesday nights and all refreshments)    Please tick the	□ Full F	ee	PostDoc Delegates			Insert Cost
Dackage you require   Lunch, evening meal, bed & breakfast   Dinner, bed & breakfast   E120	(Including three lu	ınches, an evening meal on			у,	
Ensuite Room £70 £80 £150 Non Resident £30 £37.50 £67.50  Car Parking / Wifi Access    Car Parking (within 12 minutes walking distance) £10   Username & Password for Wifi Access in the Main Building £12  TOTAL PAYMENT DUE:   I enclose a cheque (in £ sterling only please) made payable to 'St Chad's College'   I wish to pay by Mastercard / Visa / Switch / Maestro / Solo  Name on Card:   Card Number:			Lunch, evening meal,	Lunch, Reception & Gala		
Non Resident £30 £37.50 £67.50  Car Parking / Wifi Access  Car Parking (within 12 minutes walking distance) £10  Username & Password for Wifi Access in the Main Building £12  TOTAL PAYMENT DUE: £  I enclose a cheque (in £ sterling only please) made payable to 'St Chad's College'  I wish to pay by Mastercard / Visa / Switch / Maestro / Solo  Name on Card:  Card Number: CCV code: (last three digits on both last encounter that the last encounter the last encounter that the last encounter the last encounter that encounter the last encount		Standard Room				
Car Parking / Wifi Access  Car Parking (within 12 minutes walking distance)  Username & Password for Wifi Access in the Main Building  FOTAL PAYMENT DUE:  I enclose a cheque (in £ sterling only please) made payable to 'St Chad's College'  Wish to pay by Mastercard / Visa / Switch / Maestro / Solo  Name on Card:  Card Number:  Card Number:  Start date:  Date:  Please use this space to indicate any dietary / mobility or other special requirements:						
I enclose a cheque (in £ sterling only please) made payable to 'St Chad's College'   I wish to pay by Mastercard / Visa / Switch / Maestro / Solo    Name on Card:						
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Date: Please use this space to indicate any dietary / mobility or other special requirements:	Card Number:			CCV code:	(last three digits	on back of card)
Please use this space to indicate any dietary / mobility or other special requirements:	ssue Number:		Start date:	/ Expiry date:		
	Signature:			Date:	_	
☐ Please tick here if you <b>do not</b> agree to your name and email address being made available to other delegates	Please use this s	pace to indicate any dietar	y / mobility or other special	requirements:		
☐ Please tick here if you <b>do not</b> agree to your name and email address being made available to other delegates						
Thease devinere if you do not agree to your hame and email address being made available to other delegates	□ Pleas	e tick here if you do not	agree to your name and ama	il address heing made available to	other delegates	
Cancellation/refunds policy:		•	26. CC to Jour Hairie and ellia	in addition being made available to	outer delegates	

Delegates are liable for all bookings made unless notification of cancellation is received **in writing**. Refunds (with the deduction of a 25% administration charge) may be made until 1st March 2013, 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