

Language World 2011 Booking form

1. Your Details: (IN CAPITAL LETTERS)

First Name:	Last Name:
Address: _____ _____	
Town:	Postcode:
Telephone No.:	Email address:
Your Institution / Organisation (if applicable):	
I am: <input type="checkbox"/> an ALL member <input type="checkbox"/> an ALL group member <input type="checkbox"/> not a member	

2. Registration Details:

I would like a delegate place on:	At a delegate rate of: <i>(includes morning coffee, lunch and afternoon tea)</i>	I would like accommodation on: <i>(standard single rooms)</i>	I would like to attend the conference dinner:
Thursday 7 July	N/A	<input type="checkbox"/> *	
Friday 8 July	<input type="checkbox"/> ALL Member: £120 <input type="checkbox"/> ALL Group Member: £140 <input type="checkbox"/> Non Member: £220	<input type="checkbox"/> *	£35.00
Saturday 9 July	<input type="checkbox"/> ALL Member: £120 <input type="checkbox"/> ALL Group Member: £140 <input type="checkbox"/> Non Member: £220	* Please note that accommodation for 1 night = £67.00 2 nights = £110.00 .	
Total:	Delegate costs:	Accommodation costs:	Dinner costs:
Total Payable:			

Special dietary / other requirements:
Comments:



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3. Session Details: Please choose your break-out sessions. (Mark your choices 1, 2 & 3, in case your first choice is full)

Friday				Saturday			
	Opening Plenary				Plenary		
Session 1	1.1 ()	1.2 ()	1.3 () 1.4 ()	Session 5	5.1 ()	5.2 ()	5.3 ()
	Break				Break		
Session 2	2.1 ()	2.2 ()	2.3 ()	Session 6	6.1 ()	6.2 ()	6.3 () 6.4 ()
	2.4 ()	2.5 ()	2.6 ()		6.5 ()	6.6 ()	6.7 () 6.8 ()
	2.7 () 2.8 ()						
	Lunch			Session 7	7.1 ()	7.2 ()	7.3 () 7.4 ()
					7.5 ()	7.6 ()	7.7 () 7.8 ()
	Plenary				Lunch		
Session 3	3.1 ()	3.2 ()	3.3 ()	Session 8	8.1 ()	8.2 ()	8.3 () 8.4 ()
	3.4 ()	3.5 ()	3.6 ()		8.5 ()	8.6 ()	8.7 () 8.8 ()
	3.7 () 3.8 () 3.9 ()						
	Break			Session 9	9.1 ()	9.2 ()	9.3 ()
					9.4 ()	9.5 ()	
Session 4	4.1 ()	4.2 ()	4.3 () 4.4 ()		Plenary		
	4.5 ()	4.6 ()	4.7 () 4.8 ()				

4. Payment Details:

I am paying by:			
- Invoice	<input type="checkbox"/>	Please issue an invoice to the following institution:	Invoice to: _____ Address: _____ Postcode: _____ Tel No: _____
- Cheque	<input type="checkbox"/>	I enclose a cheque made payable to ALL.	
		Cheque No:	Value:
- Card	<input type="checkbox"/>	Please charge my:	
		<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard <input type="checkbox"/> Switch / Maestro
		Card Number: <input type="text"/>	
		Issue Number: <input type="text"/>	
		CVC Number: <input type="text"/> (The CVC Number can be found on the reverse of your card above your signature. Please tell us the last 3 digits of this number.)	
		Name on Card:	
		Expiry Date: <input type="text"/>	Signature: