

REGISTRATION FORM

Please send this form and your fee or Purchase Order to:

CompositeLink (Consultants) Limited, 17 Avondale Court, Rectory Road, Newcastle upon Tyne, NE3 1XQ, UK

OR fax to: +44(0)191 247 8125

Surname & Title _____ First Name(s) _____

Job title _____ Organisation _____

Mailing address _____

Zip/Postcode _____ Country _____

Phone _____ Fax _____

Email _____

Conditions of registration

Tax invoices quoting the VAT registration number (733 8382 19) of CompositeLink (Consultants) Ltd will be issued when payment has been received. Cancellations must be received, in writing, by 6th June 2008 and will be subject to an administrative charge of £75.00. No refunds will be made or invoices cancelled after this date. Substitutions can be accepted at any time. If for any reason a delegate is unable to attend, payment of fees must still be honoured. Receipt of the Registration Form is regarded as a firm booking and acceptance of the conditions as stated above.

Declaration

I have read and understood the Conditions of Registration detailed above.

Signature _____ Date _____

Fee: £350 VAT @ 17.5%* (£61.25) = £411.25

*VAT is payable by all delegates attending conferences in the UK

Payment method

Purchase Order Form enclosed (payment must be received before the Conference)

Cheque (Pounds Sterling) payable on a UK bank to 'CompositeLink (Consultants) Limited'
£350 + £61.25 VAT @ 17.5% = **£411.25**

Bank transfer (Pounds Sterling) Drawn on a UK bank account = **£411.25**
 Drawn on an overseas bank account = **£426.25**

Bank: Lloyds TSB, 162 Northumberland Street, Newcastle upon Tyne NE1 7PR, U.K.

Sort Code: 30-90-50

Account Number: 01086213

IBAN: GB05LOYD30905001086213

Account Name: CompositeLink (Consultants) Limited

BIC: LOYDGB21144

Card: £411.25

Payment cannot be processed without all the following information:

Visa (credit) Visa (debit) MasterCard *(only Visa and MasterCard can be accepted)*

Full name of cardholder (as on card) _____

Full address of cardholder (as on statement) _____

Zip/Postcode _____

Card number _____ Expiry date _____

CVV (security) code _____ Contact telephone number (not mobile) _____

Please debit my card for £411.25

Signature of cardholder _____ Date _____