

6th UK Rasch User Group Meeting

Tuesday March 20th 2012

Weetwood Hall Hotel & Conference Centre, Otley Road, Leeds, LS16 5PS

www.weetwood.co.uk

PLEASE complete all sections using BLACK CAPITALS

Registration Details for 6th UK Rasch User Group Meeting

Title: _____ Prof/Dr/Mr/Mrs/Miss/Ms

Forename: _____

Surname: _____

Job Title: _____

Name of Institution: _____

Address: _____

Postcode: _____

Telephone Number: _____ Fax Number: _____

Email: _____

	Price GBP	Required	
6 th UK Rasch User Group Meeting Registration Fee	£20	✓	
	Dates	Price GBP	✓ Date required
Accommodation	March 19 th 2012	£80	
	March 20 th 2012	£80	
	✓ If required	Vehicle Registration Number	
Parking			

Please advise of any dietary requirements (vegetarian, gluten free etc).

I have read the cancellation policy and agree with the terms and conditions

Signature: _____ Date: _____

Cancellation Clause

Unfortunately no refunds can be made for cancellations, and the full fee will be due for delegates who fail to attend. Substitution may be made at any time, free of charge.

Terms and Conditions

To reserve your place, please complete and return this booking form. Upon receipt, a confirmation notice will be issued by email. In the case of unforeseen circumstances, we reserve the right to change the speakers, date or venue without notice, or to cancel if required. If cancellation occurs, delegates will be notified as soon as possible and will receive a full refund of fees paid.

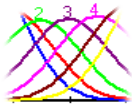
Please note: We are not responsible for transportation, accommodation or any other costs incurred as a result.

Please Complete the Payment Details Page

Contact Details: Vikki Lane – Administrator Phone: +44 [0]113 392 2534 Fax: +44 [0]113 392 2559 Email: v.e.lane@leeds.ac.uk

The Completed forms can be emailed, faxed or posted to

Vikki Lane, The Academic Department of Rehabilitation Medicine, The University of Leeds, D Floor, Martin Wing, Leeds General Infirmary, Leeds, LS1 3EX, UK



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Payment Details for 6th UK Rasch User Group Meeting

Payment by CREDIT CARD

Name as it appears on card:

Card Details – Please indicate card type

Switch/Visa Electron/Visa Debit MasterCard Visa

Issue #:	Start Date:	Exp. Date:	Last 3 Digits on Reverse:
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Total Amount to be Charged: GBP £

Card Number:

Signature:

Payment by CHEQUE

Please make your cheque payable to 'The University of Leeds' and send to Vikki Lane, The Academic Department of Rehabilitation Medicine, The University of Leeds, D Floor, Martin Wing, Leeds General Infirmary, Leeds, LS1 3EX, UK

I enclose a cheque for £

Cheque Number

Payment by INVOICE is accepted ONLY if accommodation is also booked

Please attach a **PURCHASE ORDER** or **Email** from your head of department or finance office stating they are willing to accept the detailed charges and giving full name, postal address, email, fax number and telephone number for employment organisation and also full bank details.

PURCHASE ORDER NUMBER ATTACHED

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