

NEW NIGHTMARES



3-4 April 2008

Conference Registration Form

Please complete and return with full payment to:

Rachel Davies, Research Administrator, MIRIAD, Righton Building, Cavendish Street, Manchester M15 6BG, Tel: 0161 247 6225, Email: r.davies@mmu.ac.uk.

full name: _____ title: _____
organisation: _____
address: _____
_____ email: _____
telephone: _____ fax: _____
special requirements: (dietary, access etc) _____

Fees:

Standard Conference fee (2 days)	£125
Standard Conference fee (2 days) Concessions	£75
Day Rate	£65
Concessions Date Rate	£40

PAYMENT DETAILS

Payment must be sent with the booking form.

- Invoice (please provide address if not as above)
- Cheque enclosed for £ _____ (*payable to Manchester Metropolitan University*)
- Please charge total £ _____ to my credit card (*all except Diners Club/American Express*)
- to my debit card (*Switch/Delta Visa only*) Issue No: _____

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Cardholder's Name _____ Signature _____

Cardholder's Address _____