

JOHN CRANK LEGACY 2008
Brunel University

REGISTRATION FORM

Name and Title.....

Institution

Mailing Address:.....

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Tel: Fax:..... Email:.....

FEES:

Conference Fee:

Inclusive of morning coffee & afternoon tea @ **£40** £

Residential Fee:

Wednesday 9th July including bed and breakfast @ **£40** £

Thursday 10th July including bed, breakfast & Conference Dinner @ **£73** £

Friday 11th July including bed and breakfast @ **£40** £

Conference Dinner (Thursday 10th) for non-residents @ **£33** £

Bank Charges (if applicable) for non sterling cheques @ **£15** £

Total **£**

I enclose a cheque made payable to “**Brunel University**” for £

I authorise you to debit my credit/debit card with the amount £
(American Express and Diners Club **CANNOT** be accepted)

Type of Card:and Card Number:

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Expiry Date: and Issue Number if Switch:

Name as on the card: Signature

Billing address of card holder:

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Please send this form to: The Secretary, BICOM, The Brunel Institute of Computational Mathematics,
Brunel University, Middlesex UB8 3PH, UK

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