

APPLICATION FORM

DELEGATE NAME (including title) _____

COMPANY/UNIVERSITY NAME _____

ADDRESS _____

E-MAIL ADDRESS _____

IF YOU DO NOT WANT YOUR E-MAIL ADDRESS TO APPEAR IN THE CONFERENCE DELEGATE LIST, PLEASE TICK HERE

CONFERENCE FEE (PLEASE TICK)

These rates include conference packs, refreshments and attendance at receptions and the conference dinner. Lunch is not included but can be ordered below.

LATE REGISTRATION RATES (for applications received after 10th March 2008)

ECMI/IMA Member **£312.00** Membership number _____

Non-Member **£370.00**

Student **£265.00**

Day Rate **£150.00** Date of attendance _____

LUNCH REQUIRED? **£5.00 per day** (Will be a basic packed lunch)

Days Required (please circle) Tuesday Wednesday Thursday

IF YOU ARE UNABLE TO ATTEND THE CONFERENCE DINNER AT THE HOTEL RUSSELL ON THURSDAY 3RD JULY, PLEASE TICK HERE (Please note that refunds cannot be given)

This will enable us to give accurate numbers to the venue. There are no guest places for non-delegates available to book at this time.

ANY SPECIAL REQUIREMENTS/ DIETARY RESTRICTIONS? Please give details;

FOR INFORMATION ON ACCOMMODATION PLEASE VISIT THE EVENT WEBSITE AT WWW.ECMI2008.ORG

PAYMENT

Please note an invoice will automatically be issued to all applicants wishing to attend the conference. If, however, you require your invoice to be addressed to your accounts department or any other payer please give full details below:

Please charge my Mastercard/VISA/VISA Debit/Switch (delete as appropriate)

ACCOUNT NUMBER _____

VALID FROM _____ EXPIRY DATE _____ Issue No: *(Switch only)* _____

SECURITY CODE _____ (Last three digits on back of card)

Signature of Cardholder _____

FOR BANK TRANSFER DETAILS PLEASE CONTACT [SAMMI.LAUESEN@IMA.ORG.UK](mailto:sammi.lauesen@ima.org.uk)

All cheques should be made payable to The Institute of Mathematics and its Applications.

CLOSING DATE FOR APPLICATIONS – 20TH JUNE 2008

PLEASE RETURN THIS FORM TO sammi.lauesen@ima.org.uk OR FAX TO +44 (0)1702 354111