



## FSTG Conference 2007 Registration Form

Please type and print this form, then return by **FAX or MAIL** to:  
 Miss Shelagh Cowley, The Sheffield Polymer Centre, The Department  
 of Chemistry, University of Sheffield, Sheffield S3 7HF  
 Tel No: 0044 (0) 114 2229520 Fax No: 0044 (0) 114 2229389

*Secretarial use only*

Date received:    /    /

### Participant

NAME \_\_\_\_\_ + M + F

TITLE                    + Prof.                    + Dr.                    + Other/student

FIRST NAME \_\_\_\_\_

AFFILIATION\* \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POST CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

EMAIL \_\_\_\_\_

TEL \_\_\_\_\_ FAX \_\_\_\_\_

STUDENT    + YES\*\*                    + NO                    SPECIAL DIET + YES \_\_\_\_\_

\* As printed on the badge

\*\* Please add letter of confirmation of your bona fide studentship from your affiliated University

### Registration Fee - before 14<sup>th</sup> November 2007

Members of the FSTG, Polymer centre and Polymer IRC	+ £110.00
Non members	+ £150.00
Student members	+ £45.00

**Cancellation arrangements:** The conference organisers reserve the right to make a charge of £30.00 if a cancellation is made prior to the 14th November 2007. If a cancellation is made after this date then the full registration fee will become payable.

## Method of payment

+ **Bank Transfer in Pounds to:**

Account name : University of Sheffield  
Bank Name : Lloyds Bank PLC  
Bank Address : Church Street Sheffield Branch  
14 Church Street  
Sheffield  
S1 1HP  
Account No : 04569428  
Sort Code : 30-97-51

**Please quote reference X/002871-1 and your full name on all methods of payment**

**Please note that if you are paying in any of the currencies listed below the account No changes to:**

US\$ 11530895  
EURO 86266162

IBAN Ref

For payment in Euro GB31 LOYD 3097 5186 2661 62

For payment in Sterling GB40 LOYD 3097 5111 5308 95

**We have to insist that you cover all costs of this bank transfer**

+ **Credit Card: I agree to pay the above total in Pounds Sterling by:**

+ MasterCard

+ VISA

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card holder's Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Date Signature \_\_\_\_\_

**DATA PROTECTION:** Conference Secretariat will use the information you supply for the provision and administration of the meeting. It may be necessary to disclose your information to service providers associated with the meeting. A list of participants, which will include name, company and email address, will be published for distribution at the conference. If you DO NOT wish to be included in this list, please tick the box. +



**FSTG**  
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