

RSC Events - Group Registration Form

FOR OFFICE USE ONLY										
OWES	PAID	INV	ID	REG NO	Cost Code					

Please enter the details of the event you wish to attend:											
Event name	e:										
Date:											
Venue:											
This form shou By post: RSC Ev											
By post: RSC Events, Thomas Graham House, Science Park, Milton Road, Cambridge CB4 0WF, UK By fax: +44 (0)1223 423623 General information											
Title:	Mr	Mrs	Miss	Ms	Dr		Professor				
First name:					Middle in	itials:		Family nan	ne:		
Organisation:											
Mailing address:											
										Postcode:	
Country:								Email:			
Telephone:								Fax:			
Names of ALL g	roup membe	rs (e.g. inclu	uding studer	nts and	teachers)				RS	SC Membership N	0.
Special requireme	ents: Please gi	ve details o	f any specia	l require	ements , diet	tary re	quirements, and/c	r disability, medic	al cond	lition etc. for you or	your group members
Please state how	you heard ab	out the ev	vent .								
Email	Web		ect market	ing	RSC N	lewsle	etter Other (please state)			
Data protection The RSC will use the information you supply for the provision and administration of its activities, products, and services and for marketing. It may be necessary to disclose your information to service providers. A list of participants, which will include email addresses, will be published for distribution at the conference. If you do not wish to be included in this list, please tick this box: We may contact you by email or fax to tell you about activities, products and services that may be of interest to you. If you DO NOT wish to receive this information, please put a tick in the box: Your name, address and email will be passed on to exhibitors and sponsors at the conference. If you do not wish your details to be forwarded, please tick the box:											
Signed:										Date:	
All registrations receiv	ed by the closing	g date will be	acknowledge	ed. If an a	acknowledge	ment is	not received within	14 days, please conta	act RSC E	vents.	