



Short Course Registration Form

Please return to: Science & Technology Short Course Unit, Room 411 Babbage Building,
University of Plymouth, Drake Circus, Plymouth PL4 8AA UK

Tel: +44 (0) 1752 233304 Fax: + 44 (0) 1752 233310 Email: scunit@plymouth.ac.uk

Delegate Contact Information - Please use a separate form for each delegate

Title	Surname	Forename(s)
Affiliation/Organisation		
Postal Address		
Country	Postcode	
Tel	Fax	Email

Please indicate here the preferred name to appear on your name badge

Please indicate if you have any special dietary or disability requirements

I would like to receive details of accommodation in Plymouth

YES / NO
Please delete as applicable

Please indicate your booking for courses below, details relating to the course content and course programmes are available from the ACMC website, www.plymouth.ac.uk/acmc

Course Title	Course Dates	Cost	I wish to Book a place on the following course please ✓ as applicable
Resin Infusion	25-27 March 2002	£645	
Vacuum Bag Moulding	14-16 May 2002	£645	
Introduction to Composites Manufacture	25-28 June 2002	£775	
Design with Composite Materials	17-18 July 2002	£445	
Introduction to Composites Manufacture	10-13 September 2002	£775	
Resin Transfer Moulding	5-7 November 2002	£645	

Registration Fee

The registration fee includes attendance at the course, a copy of the course notes, lunches and refreshments as well as the course dinner. Please note that any cancellation within two weeks of the course, will incur the full charge unless the place is filled, substitutions are allowable. Places are allocated on a first come basis. The running of courses is dependent upon sufficient numbers to ensure the course economically viable.

Fees may be paid by Cheque, Credit Card or Bank Transfer. We regret American Express credit cards cannot be accepted.

I enclose a cheque in Pounds Sterling drawn on a UK bank, made payable to "University of Plymouth".
Registrations paid by cheque, should be returned to the Conference Secretariat by post to the address above.

I wish to pay by credit card. Please debit my **Visa / Mastercard / Delta / Switch card** (delete as appropriate) with the following amount £____.____ Issue No. (Switch) _____

Card Number ____ / ____ / ____ / ____ / ____ Expiry date ____ / ____ / ____

Cardholder name _____ Signature _____

(Please note we are unable to accept payments by American Express)

Registrations paid by credit card, should be returned to the Conference Secretariat by fax or post to the address above and should include the card holders signature.

I wish to pay by invoice, please arrange for an invoice to be issued **TO:**

At the address above At the following address:

Registrations paid by Bank Transfer, may be returned to the Conference Secretariat by email scunit@plymouth.ac.uk fax or post to the address above.

Invoice Address: