

# IMSE2010 REGISTRATION FORM

**Title (Please delete as appropriate): Prof / Dr / Mr / Ms / Other:**

**First or Given Name:**

**Family or Surname:**

**Institution:**

**Correspondence Address (inc post or zip code and e-mail address):**

**Country:**

**Special Requirements: (e.g. Vegetarian).**

**Full Conference Registration Fee:           £240**

**Student Conference Registration Fee:       £180**

**Accompanying Person Fee:                   £70**

**Total Fee Payable:**

**Payment Method:**

- Credit Card (please complete the attached payment form as The University of Brighton is currently unable to process on-line credit card payments).**
- Cheque (payable in UK pounds to The University of Brighton).**
- Please invoice my institution.**
- Other:**

**Credit Card Payment.**

**Card Type:            Visa / Mastercard / Other:**

**Card Holders Name:**

**Card Number:**

**Card Security Number:**

**Card Expiry Date:**

**Card Valid From Date (if known):**

**Card Billing Address:**

**Signature.**