



## Registration Form

1. **Delegate details** (please complete one form per delegate)

Title	First name	Last name	
Department		Institution	
Full postal address			
			Postcode
Telephone	Fax	E-mail address	Office use only

2. **Registration**

		Tick	Amount		
			Before 1 <sup>st</sup> July	After 1 <sup>st</sup> July	
<b>Conference 8<sup>th</sup>-10<sup>th</sup> September 2008</b> (select one option)					
Full registration		<input type="checkbox"/>	£350	£385	
Postgraduate registration		<input type="checkbox"/>	£280	£308	
<b>Registration total</b>					
<b>Conference Accommodation</b> (bed and breakfast in Halls of Residence, available to postgraduate students only) Note: To keep costs low, accommodation is basic with shared bathrooms. En-suite rooms are available for £38 / night)					
Sunday 7 <sup>th</sup> £29 <input type="checkbox"/>	Monday 8 <sup>th</sup> £29 <input type="checkbox"/>	Tuesday 9 <sup>th</sup> £29 <input type="checkbox"/>	Wednesday 10 <sup>th</sup> £29 <input type="checkbox"/>	<b>Accommodation total</b>	
<b>Short course 6<sup>th</sup>-7<sup>th</sup> September 2008</b> (select one option)					
Full registration		<input type="checkbox"/>	£300	£375	
Full registration with 2 nights, dinner, bed & breakfast at Chilworth		<input type="checkbox"/>	£450	£525	
Postgraduate registration		<input type="checkbox"/>	£225	£300	
Postgraduate registration with 2 nights, dinner, B&B at Chilworth		<input type="checkbox"/>	£375	£450	
<b>Short course total</b>					
<b>Grand total</b>					

### 3. Other requests

I am vegetarian <input type="checkbox"/>
Other special requests

### 4. Payment details

Please tick box to show chosen payment method and complete details for ONE OPTION ONLY		
I enclose a cheque <input type="checkbox"/>	For the sum of £	Cheques should be made payable to 'University of Southampton'
<b>OR</b> Please invoice me <input type="checkbox"/>	For the sum of £	Quoting reference / order number
<b>OR</b> Please debit my Visa/Mastercard <input type="checkbox"/>	For the sum of £	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Card number: Cardholder name: Expiry date: Last 3 digits on the back of the card:  Billing address (if different from above)

Signature

Date

**Please note: we are not able to process credit / debit card details sent by email –  
If you wish to pay by card please return a hard copy of this form by post or fax.**

Return to: GeoEnv2008, GeoData Institute, University of Southampton, Southampton, UK  
SO17 1BJ, Fax +44 (0)23 8059 2849; Tel +44 (0)23 8059 2719; Email [geoenv08@geodata.soton.ac.uk](mailto:geoenv08@geodata.soton.ac.uk)