

IEB 2007

44th Inner Ear Biology Workshop

16 – 19 September 2007



Family name:	First name:
Job title:	Company/ Institution:
Company/ Institution:	
Address: <i>(for correspondence)</i>	
Postcode / City:	
Country:	
Tel.:	
Fax:	
E-mail:	

Registration Fee:

Students (Registered for PhD):	£45 / person <input type="checkbox"/>	All others:	£90 / person <input type="checkbox"/>
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Social Programme:

Sunday, September 16th 18:00-20:00 Welcome reception at The Centre for Auditory Research	Free	Number: __
Tuesday, September 18th Drinks reception and Conference dinner	£35 / person	Number: __

Please indicate any disability which will require special assistance:

Please state if vegetarian or subject to particular food allergy:

Payment by credit/debit card or cheque

CHEQUE: made payable to "University College London" - send to address below

CREDIT CARD:

Total amount to be deducted from your credit card*: £	* Payments from outside UK will be taken in £ sterling at current exchange rate
Type of card (Visa / Master Card / Maestro only):	
Card holder's name:	
Card Number _____	
Expiry date:	Valid date: Issue No.
Cardholder's signature:	Date

Data Protection Act 1998: I agree to ICH processing personal data contained on this form, or other data which may be obtained from me whilst I am applying for this event. I agree to the processing of such data for any purpose connected with my attendance at this event, or my health and safety whilst on ICH's premises or for any other legitimate purpose. Information will not be supplied to any third party.

Cancellation policy: Cancellations must be received in writing at least 2 weeks before the event and will be subject to an administration charge of 20% of the course fee. No refunds will be made within 2 weeks of the event. Substitutions can be made at any time.

Please return the completed form by post, fax or email to:
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