

Auxetics2009@Bolton

6th International Workshop

Registration Form

Title:	
Surname:	
First name:	
E-mail:	
Job position title:	
Tel. No:	
Fax:	
Affiliation / Address:	
City	
Country	
Post code	

I will be attending on (please tick relevant box(es)):

- Full 4 days 2009
- Monday 14th September 2009
- Tuesday 15th September 2009
- Wednesday 16th September 2009
- Thursday 17th September 2009

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Payment by Credit/Debit form

Please debit my MasterCard, Visa, Maestro (Switch), Electron and Solo <i>Delete as applicable</i>		
NAME ON CARD:		
CARDHOLDER'S ADDRESS:		
CARD ISSUED BY (BANK OR EQUIVALENT):		
CARD NUMBER (ON THE FRONT OF THE CARD):		
SECURITY NUMBER (last 3 digits on the back of the card)		
CARD ISSUE NUMBER (FOR SWITCH CARD)		
VALID FROM DATE (mm/yyyy)		
EXPIRY DATE (mm/yyyy)		
Registration Fee:	£	(€)
Dinner:	£	(€)
By One Payment of:	£	(€)
SIGNATURE		

If the Cardholder is present otherwise it is a mail-order transaction and the authorisation code should be used

AUTHORISATION CODE:.....

Email the completed form to: dz1@bolton.ac.uk or fax to: +44- (0)1204-399074

Telephone: +44 (0)1204-903101