**Registration Form**

Please complete all relevant sections of the form below:

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | Name: | | |
| Organization / Affiliation | | | |
|  | | | |
| Address | | | |
|  | | | |
|  | | | |
| Post Code | | | Country |
|  | | |  |
| Telephone | | | E-mail |
|  | | |  |
| I am happy for my email to be included in the list of delegates to be circulated at the meeting (delete as appropriate)  **Yes / No** | | | |
| **Special requirements** *(Please specify)***:** | |  | |

|  |  |  |
| --- | --- | --- |
| **Payment details**:  The fee to register to attend this symposium is:  **Early registration** (before 1st March 2015  **Full** **registration** (from 1st March 2015) | | |
| **Method of payment:** | Cheque (made payable to ‘UFAW’) | |
|  | Credit card (Visa/Delta/MasterCard/Switch/Maestro) | |
| For **on-line** payments please follow this **link**  **Total payable to UFAW in £ Sterling:** | |  |
| *This registration is for an* ***individual,*** *not an institution, and is not transferable, unless this has been agreed in advance with UFAW. Failure to comply may result in such individuals being denied entry to the meeting.* | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please complete the following **ONLY** if you are returning this form to us via fax or post.  Name of cardholder: | | | | |
| Card Number: |  | Expiry Date: | |  |
| Valid from date: |  | Issue number: (Switch/Maestro) | |  |
| Card Security Code (last three digits on the signature strip on reverse of the card): | |  | | |
| Signature: | | Date: |  | |

***Note:*** *In the event of circumstances arising beyond the charity’s control, UFAW reserves the right to cancel this conference at its discretion without incurring any liability in respect of such cancellation, and to return to delegates any monies received.*

*Delegates who cancel their bookings within 4 weeks of the start of the conference will not have their registration fee refunded. Prior to this, refunds will be discretionary and will be returned less any handling fee.*

**Return completed form to:** Dr Stephen Wickens, Zagreb 2015, UFAW, The Old School, Brewhouse Hill, Wheathampstead, Hertfordshire AL4 8AN, UK. Email: wickens@ufaw.org.uk. Tel: +44 (0)1582 831818; Fax: +44 (0)1582 831414