



REGISTRATION FORM
Conference – Gender and the City
Canada House, Trafalgar Square, London SW1Y 5BJ
Friday 24 February 2006

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| <i>If you wish to attend this workshop please fill in and return this form by 1 May</i> | | | | | | | | | | | | | | | | | | | | | | | |
| First name(s): | | Title (Prof, Dr, etc): | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | | | | | | | | | | | | | | | | | | | | |
| University, College or Company: | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | Tel: | | | | | | | | | | | | | | | | | | | | | |
| | | Fax: | | | | | | | | | | | | | | | | | | | | | |
| | | Email: | | | | | | | | | | | | | | | | | | | | | |
| Signed: | | Date: | | | | | | | | | | | | | | | | | | | | | |
| Fee enclosed: <input type="checkbox"/> £45 registration fee and dinner <input type="checkbox"/> £25 registration fee (Standard rate) <input type="checkbox"/> £10 registration fee (Student rate) <input type="checkbox"/> Complimentary (ISA staff and students, Research and Associate Fellows) <input type="checkbox"/> £20 Students dinner fee <i>YOU WILL RECEIVE CONFIRMATION OF PAYMENT</i> | | | | | | | | | | | | | | | | | | | | | | | |
| Method of payment: <input type="checkbox"/> Cheque enclosed (£_____ or \$_____) <i>Cheques should be made payable to The London Conference for Canadian Studies and sent together with the registration form to the Events Coordinator, Institute for the Study of the Americas, 31 Tavistock Square, London WC1H 9HA</i> <input type="checkbox"/> Charge my debit/credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Delta <input type="checkbox"/> Switch / Maestro <input type="checkbox"/> Solo | | | | | | | | | | | | | | | | | | | | | | | |
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| Valid from (mm/yy): <table border="1" style="width:100%; height:20px;"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | | Expiry date: <table border="1" style="width:100%; height:20px;"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | |
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| Issue number: Switch and Solo cards only <table border="1" style="width:100%; height:20px;"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | |
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| Name of issuing bank (on reverse of card): | | | | | | | | | | | | | | | | | | | | | | | |
| Cardholder's full name: | | | | | | | | | | | | | | | | | | | | | | | |
| Cardholder's signature: | | | | | | | | | | | | | | | | | | | | | | | |
| Billing address (if different from above): | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | Postcode: | | | | | | | | | | | | | | | | | | | | |
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In case of query, please ring Olga Jimenez on 020 7862 8871 or e-mail: olga.jimenez@sas.ac.uk