

UHVNET Booking Form

Names of those attending: _____

Institution: _____

Contact Email: _____

Contact Phone: _____

Dietary Requirements: _____

Other Requirements: _____

Costs:

PhD Students: x £60 : _____ (cost for both 19th & 20th Jan)

Industrialists / Academics: x £20 : _____ (19th Jan)

x £60 : _____ (20th Jan)

Please fax to 0161 306 4820 when completed along with the credit card payment form attached. For any queries, please contact Mrs B Bellingham on 0161 306 4705

**CREDIT/DEBIT CARD RECEIPT
CUSTOMER NOT PRESENT**

**FOR INCOME OFFICE USE
Receipt Number:**

FOR DEPARTMENT USE ONLY
DEPARTMENT OF
CONTACT NAME AND TEL NO
DESCRIPTION OF CONFERENCE
.....
<i>**Please attach booking form</i>

CUSTOMER
<u>CREDIT CARD DETAILS</u>
NAME ON CARD
CARDHOLDERS ADDRESS
(per statement)
.....
CARD ISSUED BY (BANK OR EQUIVALENT)
CARD NUMBER: (On the front of the card).....
CARD NUMBER: (On the back of the card)
CARD TYPE: VISA..... MASTERCARD.....
SWITCH..... CARD ISSUE NUMBER.....
VISA/DELTA..... JBC.....
SOLO.....
VALID FROM DATE..... EXPIRY DATE..... AMOUNT.....
CARDHOLDERS SIGNATURE:
.....

Authorisation obtained? YES/NO

FOR DEPARTMENT USE ONLY																			
<u>FINANCE CODE TO BE CREDITED</u>	<u>SOURCE OF FUNDS</u>																		
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DEPOSITED BY (sign) DATE

Please attach an addressed pre paid envelope if you require a receipt sending to the customer: