

**PLEASE FILL IN THE FORM WITH REFERENCE TO THE SEMINAR YOU WOULD LIKE TO ATTEND.**

**Please print this form off and fax it to: 01283 515841.**

**If you have any queries please contact Shirley on Tel: 01283 515521.**

**PLEASE COMPLETE USING BLOCK CAPITALS (EXCEPT E-MAIL ADDRESS)**

# BGA 2010 BOOKING FORM

<b>Seminar:</b>		
<b>Date:</b>	<b>Time:</b>	
<b>Location:</b>		
<b>Title: (Mr, Mrs, Dr etc)</b>	<b>Initials:</b>	<b>First Name:</b>
<b>Surname:</b>	<b>Business Position:</b>	
<b>Name of Company:</b>		
<b>Address:</b>		
<b>Post Code:</b>	<b>E-Mail:</b>	
<b>Tel No:</b>	<b>Mobile No:</b>	<b>Fax No:</b>
<b>Signature</b>		

BGA Member

IMechE Member

Non Member

Student\*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Mark with X as appropriate IMechE Membership No: \_\_\_\_\_

\* On production of a valid student card and applies to full-time students who are under 25 and attending a University or College on either a full-time or sandwich basis. Fax or scan copies are accepted.