

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 2012 BOOKING FORM

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

BGA Member
IMechE Member
Non Member
Student*

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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.