

BOOKING FORM

I wish to reserve space number:

I am a member of the LPRA: YES NO

Name: _____

Company: _____

Address: _____

Email: _____

Telephone: _____

Invoices will be issued for 50% of the booking fee on receipt of booking. The remaining 50% will be payable one month before the event.

**Please return this form to the conference organizer by clicking the button:
Alternatively, you can e-mail it to stella@stiegeler.f2s.com or fax to +44 (0)1422 886463**