



**Bournemouth
University**

Extraordinary Experiences Conference

Managing The Consumer Experience in Hospitality, Leisure, Sport, Tourism, Retail and Events
Bournemouth University, UK, Monday 3 - Tuesday 4 September 2007

Registration Form

Please complete a copy of this form for each individual attending

Delegate Information		
Title:	Given Name:	Surname:
Position:		
Department:		
Institution/ Organisation:		
Contact Address:		
Tel:	Fax:	Email:
Special Requirements:		
<p>Data Protection Act Statement: Data from this registration form will be held by The School of Services Management; Bournemouth University; with both paper and electronic format.</p> <p>I have read & understand the above statement Signature: _____ Date: _____</p>		

Cost					
<table border="1"> <tr> <td>Full Conference Rate</td> <td>£200 (+VAT)</td> </tr> <tr> <td>PhD Student Rate</td> <td>£150 (+VAT)</td> </tr> </table>	Full Conference Rate	£200 (+VAT)	PhD Student Rate	£150 (+VAT)	<p>Cost includes: Delegate fee, coffee & lunch on both days, & dinner on Monday 3 September 2007.</p> <p>Please note accommodation is not included in the package.</p> <p>For a free accommodation booking service exclusive to this conference, please contact: Jill Cowlard - The CEM Group Tel: 01425 485045 Email: jill@cemgroup.com</p>
Full Conference Rate	£200 (+VAT)				
PhD Student Rate	£150 (+VAT)				

Official Use Only					
Payment Received	Yes	No	Receipt Sent Out	Yes	No
Account Code			Activity Code		

Payment Details

Billing Details: This section should contain the details of the person responsible for paying your booking. If details are the same as the delegate details please leave the following boxes blank

Title:	Given Name:	Surname:
Position:		
Department:		
Institution/ Organisation:		
Contact Address:		
Tel:	Fax:	Email:
Please indicate the address you would like the receipt to be sent: <input type="checkbox"/> Contact or <input type="checkbox"/> Billing		

Payment Method

Cheque – payable to Bournemouth University. Your booking is not considered confirmed until payment is received in full

Purchase Order – Please enclose a hard copy of an authorised Purchase Order with this form. Your booking is not considered confirmed until payment is received in full

PO Reference #

Credit/Debit Card – Please can you provide the following information in order to ensure that your card is not being used fraudulently. This information will be stored in accordance with the University data protection policy and will be destroyed as soon as the transaction has been processed.

MasterCard Visa Switch Visa Debit or Electron

Name of Card Holder:											Amount to be taken (£)				
Card Number:												*			
Start Date: (MM/YY)				Expiry Date: (MM/YY)				Issue Number: (Switch Only)							
Signature:								Date:				Date to be taken (DD/MM/YY)			
Contact Number:															

*Security Number: This is the last 3 digits found on the signature strip of the card

Please return this form to

Blake Ashwell, Research Development Officer, School of Services Management, Dorset House, Bournemouth University, Fern Barrow, Poole, BH12 5BB
or email bashwell@bournemouth.ac.uk or Fax 01202 965 228

Cancellation Policy: Friday 3 August 2007 is the cut off date for a full refund. After this date any monies paid will not be returned.

For an e-copy of this form visit: www.bournemouth.ac.uk/extraordinaryexperiences