

NEW PRODUCT INTRODUCTIONS

Tuesday 30th November 2010

Personal Information

I wish to attend the **New Product Introductions** event

Surname _____ (Mr/Mrs/Ms/Miss/Dr/Prof)
 Forename _____ Job Title _____
 Company _____
 Address _____
 Postcode _____ Tel No _____ Fax No _____
 Email _____

I am an IOM/ CILT Member – Membership Number _____

Guest

Surname _____ (Mr/Mrs/Ms/Miss/Dr/Prof)
 Forename _____ Job Title _____
 Company _____
 Address _____
 Postcode _____ Tel No _____ Fax No _____
 Email _____

If Guest is a Member please insert Membership Number _____

Delegate Fees

MEMBER	£75.00	<input type="checkbox"/>
NON-MEMBER	£150.00	<input type="checkbox"/>

IOM REQUIRES PAYMENT FOR EVENTS WITH ATTENDANCE FEES BELOW £100 TO BE PAID AT THE TIME OF BOOKING. SUCH PAYMENTS CAN BE MADE BY CHEQUE, CREDIT CARD OR BY THE BACS SYSTEM.

Payment Details

I enclose payment of £ _____ *please make cheques payable to CILT(UK)*

I wish to pay by Visa / Mastercard / Amex / Delta / Switch / Solo

No:

Expiry Date ____ / ____ Switch Issue No _____ Security No _____

Card Address (if different from above) _____

Signature _____ Date ____ / ____ / ____

Please invoice my Organisation Purchase Order Number _____

RETURN YOUR COMPLETED BOOKING FORM TO:

Membership Services, IOM, Earlstrees Court, Earlstrees Road, Corby, Northants, NN17 4AX.
 Tel: 01536 740105. Fax: 01536 740101. Email: membership@iomnet.org.uk

BOOKING CONDITIONS

Registrations will be acknowledged by a confirmation invoice/receipt and, nearer the date of the event, joining instructions will be issued. **All cancellations must be received in writing at least 10 working days prior to the event, to allow others to attend, and after which refunds are not available.** IOM reserves the right to change the content of the programme and speakers, without prior notification.

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