

# Delegate Registration Form

Royal Society of Edinburgh

Scottish Executive Arts & Humanities Awards

Investigating the Archive project

## The Philosophy of the Archive

Hilton Caledonian, Edinburgh, 10-11 April 2008

Please complete this form in **BLOCK CAPITALS** and return to:

Conference Registration, Centre for Archive and Information Studies, University of Dundee, United Kingdom, DD1 4HN

Fax: **+44 (0)1382 385523**. Email: [j.v.johnstone@dundee.ac.uk](mailto:j.v.johnstone@dundee.ac.uk)

**A SEPARATE FORM IS REQUIRED FOR EVERY DELEGATE**

### YOUR DETAILS

Title:	
Surname:	

Forename:	
Job Title:	
Organisation:	
	<b>The information above will appear on your delegate badge</b>
Contact Address:	
Postal/Zip Code:	
Country:	
Telephone:	
Fax:	
Email:	

<p>Please note any special requirements</p> <p>(diet, access etc)</p>	

## **PAYMENTS**

### **Full Delegates**

I wish to register as a delegate for the full conference (April 10-11):

Full Conference	£70	
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Registration includes conference sessions, lunches, reception

### **Day Delegates**

I wish to register as a delegate for the following days of the conference:

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Thursday 10 April	£40	
Friday 11 April	£40	

Registration as a day delegate entitles the attendee to attend all conference sessions and includes lunch.

### **Conference Presenters**

I wish to register as a presenter for the full conference (April 10-11):

Full Conference	<b>Fee waived</b>	
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Registration includes conference sessions, lunches, reception

(Payment details overleaf)

## **Payment Methods**

**Full payment must be made in advance and no later than 2 April 2008.** Please indicate which of the following payment methods you wish to adopt:

	Cheque payable to 'University of Dundee' (please return with this form). All cheques must be in UK pounds (Sterling). Cheques in other currencies cannot be accepted.
	Invoice (please complete form (i) below)

### **(i) REQUEST AN INVOICE**

**Please complete in BLOCK CAPITALS**

Please issue an invoice for	£
To:	
Contact Name:	

Contact Address:	
Purchase Order Number:	

**INVOICES MUST BE SETTLED WITHIN 30 DAYS OF BEING ISSUED**

**TERMS AND CONDITIONS**

In completing and submitting this form you indicate your consent for any personal information you provide (which may include sensitive personal information) to be held and processed by the University of Dundee for the purpose of administering your attendance at this event. The information will not be passed to any third party and will not be used for any other purpose.

**(Please tick):**

I agree that my name, job title and organisation can be included in the list of delegates provided to all conference attendees	
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<b>SIGNED:</b>		<b>DATE:</b>	
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