

Institute for Small Business Affairs

27th National Conference 2-4 November 2004



REGISTRATION FORM 3 (excluding accommodation)

Name & Address:(Mark boxes	with X)				_	(Please complete	in <u>CA</u> PITALS using b	olack i <u>nk.)</u>		
Mr. Mrs.	M	S.	Dr.			Professor	Male	Female		
Given Name:				Family Name	9:					
Organisation:										
Position/Job Title:				Departmen	t:					
Postal Address:										
Town/City:				Post/Zip Code	Э :		Country:			
Tel. Number	mber				Fax Number:			(If not in UK, include Country Code)		
Email Address						Topics of interest (A	\ - Y)			
Category: Delegate	Pı	esenter	Tra	ck Leader		Keynote Speaker	Exhibitor	VIP Guest		
Lunches needed: Wednesday	 ∏π	nursday		Extra options	s: 🔲	Doctoral Day	Welcome Rece	ption Gala Dinner		
Any special needs? Dietary:			Acc	ess:			Other:			
Accompanying Person: (For partn	ers and colle	eagues NOT pa	rtic <u>ipat</u> ing i	n the Conferen	ice Pr	ogramme - see Wel	Site for details of Tou	ırs)		
Mr. Mrs.	M	S.	Dr.			Professor	Male	Female		
Given Name:				Family Name						
Lunch (included): Wednesday	Th	nursday		Extra options	S:	Welcome Reception	n Gala Dinner	Special needs		
Pre- & Post-Conference Tours. (/	Please indica	ate number inte	rested in To	ours each day)	П	Tuesday	Wednesday	Thursday		
A number of optional Study Tours w				-		ll details will be e-m				
Desistration 9 Dayment Desieds	l _{Carl}		Norma	1	ا ا		Morte bosco suith 1	or 2 Crecial Notes		
Registration & Payment Periods: Deadline Booking & Payment Dates:	Early	/ 30th June		ı 31st August	Lat	e after 1st Sept.	Deadline for registr	or 2. Special Notes:		
Full Delegate Fee (excludes social eve		n/a	No. Dy .	n/a	110.	£395		ership of ISBA for 2005		
Student Delegate Fee (excl. Doctoral D		n/a		n/a		£255		embership of ISBA for 2005		
Day Delegate Fee - Wednesday/Thursd	day	n/a		n/a		£225	fee per day - exclud	des membership of ISBA		
Doctoral Day - optional extra -Tuesday		n/a		n/a		£65		offee breaks at Teesside		
Accompanying Persons (not in Confere		n/a		n/a		£60		ches and coffee breaks		
Welcome Reception - Tuesday evening		n/a		n/a		£20		I delegates & partners		
Gala Reception & Dinner - Wed. evenir Refereed Papers Proceedings - bound		n/a	\vdash	n/a	\vdash	£40		I delegates & partners ROM included in Del. Fee)		
Total Payment due: (VAT not applica		n/a n/a	£	n/a n/a	£	£50 £0	Date of Payment:	KOW Included III Del. Fee)		
							Dute of Fuyinent.			
Payment Options: (Receipts will be				-		and an and nov	all Dank Charges			
A) By Direct Bank Transfer into		•		O 1,		, ,	U ,	CDA Conformac		
Bank Name & Address: HSBC, 33 F For International Bank Account Trai										
Please fax a copy of the bank depo										
			•				-			
B) By Cheque in pounds sterli Invoices will be issued only in response.										
C) By Credit Card in pounds s	,	J		5 3			1 3			
Card Type: Visa / MasterCard / Am	•	ard Number:	so pay on-i	ne via i ayi ai	- ciliic	Expiry Date	,	ty Code:-		
Name on Card:		ddress of Cardl	oldor: (if p	ot as abovo)		Елрії у Бак	5 5ccuii	iy couc		
		Juless of Calul	ioidei. (ii iii	n as above)						
SPECIAL NOTES AND CONDITIO						N. I I C		1		
1 All fees are payable by bank transfer										
2 Student Fees and Subscription Rate3 Cancellations received in writing by								non is required.		
4 No refunds will be made after 30th :										
5 Any Delegates arriving at the Confe								Check-in Desk		
6 The Organisers reserve the right to										
I have read, understood and agreed to	-	,				•	•			
Signature:						Dat	te:			
Please submit on-line or, if not possible	e, print out a	nd complete the	form then	fax or send the	origir	nal by post. Please	keep a copy to show a	t Conference Check-in.		
SUBMISSION OF THIS FORM ON	•				-					

Contact Details: ISBA Conference Secretariat 2004, P.O. Box 888, Dept R1, HARROGATE HG2 8UH, UK.

Tel. No. +44 1423 879208 (2 lines) Fax No. +44 1423 870025 Email Address: registration@isba2004.org Website: www.isba2004.org