

Institute for Small Business & Entrepreneurship

30th Annual Conference - 7-9th November 2007

For Office Us	se

REGISTRATION FORM 2 (excluding accommodation)

Name & Address:	(Mark boxes with X)		(Please use one form pe	er delegate and com	ple	te in CAPITALS	usii	ng black ink.)		
Mr.	Mrs.	Ms.	Dr.	Professor		Other				
Given Name:			Family Name:							
Position:			Department:							
Organisation:										
Postal Address:										
Town/City:			Post/Zip Code:			Country:				
Telephone:			Fax:			(If not in UK, inc	lude	Country Code)		
E-mail Address			Topics of interest: A	, B, C, E, I, M, S,	۷,	W. All. (Please	e cir	cle)		
Lunches needed:	Wednesday	Thursday	Friday (packed)	Evening options:		Wednesday	\Box	Thursday		
Diet/special needs	7		Name on Badge:							
Accompanying Person: (For partners and colleagues NOT participating in the Conference Programme. Covers lunches, refreshments and exhibition only)										
Mr.	Mrs.	Ms.	Dr.	Professor		Other				
Given Name:	<u> </u>		Family Name:							
Lunches needed:	Wednesday	Thursday	Friday (packed)	Evening options:		Wednesday		Thursday		
Diet/special needs			Name on Badge:							
Registration & Payr	nent Periods:	Enter 1, 2, etc in No. b	oxes for correct period.		No	rmal - paid by:	Lat	e - paid after:		
3			ng <u>and</u> Payment of all fees:	No.	No.	30th Sept.	No.	1st Oct.		
Full Delegate Fee: exc	cluding evening events b	out including full Membersh	nip of ISBE for 2008			£395		£450		
Day Delegate Fee: for	one daytime only (not for	or Presenters) Which day?				£225		£255		
Student Delegate Fee	excluding evening ever	nts; including Student Men	mbership for 2008			£195		£225		
Developing Country [Delegate Fee (Non-OEC	CD) excludes evening even	nts & membership			£195		£225		
Accompanying Perso	n Fee (not in Conference	e): includes all lunches an	d refreshment breaks			£60		£70		
Welcome Reception E	3uffet: Wednesday eve	ning - optional extra for all	delegates & partners			£30	Ш	£35		
Gala Awards Dinner +	wine: Thursday evenir	ng - optional extra for all de	elegates & partners			£40	Ш	£45		
Total Payment due: (VAT not applicable)	Date of Payment:		£	£	£0	£	£0		
Payment Options: (Receipts will be issued by e-mail on request.) Any special notes:										
A) By Cheque in pounds sterling - payable to "ISBE Conference" - posted with this form to the Conference Secretariat at the address below.										
B) By Direct Bank Transfer in pounds sterling: (please add on and pay all Bank Charges) Use this form if you need an Invoice.										
Bank Name & Address: HSBC, 33 Park Row, Leeds LS1 1LD, UK. Branch Code: 40-27-15. Account No. 4382 6597. Account Name: ISBE Conference										
For International Bank Account Transfers: IBAN: GB06MIDL40271543826597 Branch ID: MIDLGB2105B (All Bank charges are payable by you) Please fax a copy of the bank deposit / transfer slip with your Registration Form to +44 1423 870025 or post a copy to the Secretariat at the address below.										
C) By Credit Card (Visa or MasterCard only) - payable ONLY on-line via WorldPay. Click on www.isbe2007.org/registrationform.htm										
D) By Purchase (Order. Please send an	official printed Purchase C	Order to the Conference Secre	etariat if you wish to I	oe ir	nvoiced for the F	≀egis	tration Fees.		
			er and NOT those applicable							
SPECIAL NOTES AI										
			ceptance of Registration. Re							
 2 Student Fees and subscription rates apply only to non-salaried undergraduate and post-graduate students or equivalent. Official certification is required. 3 Cancellations received in writing by 30th September 2007 will be refunded after the Conference for nett payments received less 15% administration charge. 										
4 No cancellations will be permitted after 30th September 2007, but individual substitutions may be made in writing without penalty up to 26th October 2007.										
5 Registrations received after 30th September 2007 will be subject to availability as space is limited. Please e-mail or telephone to check before registering.										
6 Any registered Delegates who arrive at the Conference without full payment having been received must pay all fees in cash (£GBP) at the Check-in Desk.										
 7 The Organisers reserve the right to make any necessary changes to programmes and arrangements for the Conference. They will be posted on the website. 8 The Organisers will hold your contact details on a database and may send you details of similar events in future. Please tick here if you do not want this: 										
9 The Organisers Perlex Associates, the Host University and the Institute accept no liability howsoever arising from registering for or attending the Conference.										
I have read, understood and agreed to the general conditions and policies outlined on this Registration Form and on the Conference Web Site.										
Signature:				Date:						
Please submit on-line or, if not possible, print out and complete the form then fax or send original by post. Please keep a copy to show at Conference Check-in.										

Please submit on-line or, if not possible, print out and complete the form then fax or send original by post. Please keep a copy to show at Conference Check-in SUBMISSION OF THIS FORM ON-LINE OR BY FAX OR POST CONFIRMS YOUR AGREEMENT TO THE CONDITIONS AS SET OUT ABOVE

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

Tel. No. +44 1423 879208 (2 lines) Fax No. +44 1423 870025 Email: registration@isbe2007.org Website: www.isbe2007.org