

Booking Form

The Leeds Orthopaedic Biomechanics Course 8 - 9 October 2007

Please reserve a place for me on the above course as a member. I understand that I will be required to forward a cheque on receipt of my booking confirmation for the Fees as shown below:

2 day course (no overnight accommodation): £395 £ _____

TOTAL £ _____

Do you require a vegetarian meal? (Tick as appropriate) Yes No

(PLEASE USE BLOCK LETTERS)

Title (ie Dr/Mr/Mrs/Ms) First Name Surname

Gender: Male Female

Job Title: _____

Organisation / Company: _____

Correspondence Address: _____

_____ Post Code: _____

Telephone: _____ Fax: _____

Email: _____

Invoice address (if different from above). Invoices can be provided if so wished for company registrations only: _____

_____ Post Code: _____

Quoting Purchase Order No if required to: _____

Please return this application as soon as possible to:

Mrs SM Moore

LOBC 2007 Course Co-ordinator

School of Mechanical Engineering

University of Leeds

Leeds LS2 9JT

Tel: (0113) 343 2153

Fax: (0113) 2424611

Email: lobc2007@mech-eng.leeds.ac.uk