Royal Veterinary College
University of London

LIFELONG INDEPENDENT VETERINARY EDUCATION
A ROYAL VETERINARY COLLEGE INITIATIVE

Registration Form for the LIVE Educational Symposium 1st and 2nd September, 2010

To be held at:

Please complete and post or fax to:

LIVE Centre, The Royal Veterinary College,
Hawkshead Lane, North Mymms, Hatfield,
Hertfordshire, AL9 7TA
Fax: +44 (0) 1707 666991
Phone: + 44 (0) 1707 666866
Email: info@live.ac.uk Web: www.live.ac.uk

RVC Staff Please contact
info@live.ac.uk
for a seperate registration form.

Delegate Information

Title: **Forename(s):** **Surname:**

Address:

Postcode: **Country:** **Email:**

Telephone: **Mobile:** **Fax:**

Parking Required: **Vehicle Registration number:** (required by RVC Security for campus access. Please note that parking places are limited on campus due to ongoing building works)

Special Requirements: *eg vegetarian*

Confirmation of attendance:

☐ I would like to attend the LIVE Symposium on 1st and 2nd September 2010.
There will be a dinner on the evening of 1st September. Dress: Smart Casual.

Cost

£60.00 per person. As a contribution towards catering costs, inclusive of the dinner on the 1st September.

Payment Method

☐ **By cheque (personal if UK bank account or bankers draft)** Please make cheques payable to 'The Royal Veterinary College' and return to the LIVE Centre, The Royal Veterinary College, Hawkshead Lane, North Mymms, Hatfield, Herts, AL9 7TA. A VAT receipt will be sent as soon as we have processed your payment. Delegates will be registered on a first-come, first-served basis. No liability will be accepted for travel, accommodation, or any other expenses incurred by participants.

By Credit card

☐ **Visa** ☐ **Access** ☐ **Mastercard** ☐ **Maestro/Switch**
(Please note that we are unable to process American Express)

Card no: **Issue No (Switch only):** **Valid From:** **Expires:**

Security Number
(last 3 digits on signature strip):

Billing Address for credit card (if different from above**):**

Name on credit card: **Signed:**

DATA PROTECTION ACT:

We would like to include your **name, job title, institution and e-mail address only** on the attendance list distributed to all delegates at the above event. We would also like to store your information in an electronic format at the Royal Veterinary College. (**excluding credit card details**). If you do not agree with this please indicate below.

☐ I **do not** agree to information that I have supplied on this form being distributed to all delegates at the named event
☐ I **do not** agree to the information that I have supplied on this form being stored in an electronic format by the Royal Veterinary College

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For Office Use Only
Office Administrator: Date of receipt: Register: Yes/No Recorded: Yes/No