

BRITISH SOCIETY FOR STRAIN MEASUREMENT

Registration Form Strain Analysis Course

Date _____ Location _____

Surname:	Forenames:	Title:
Organisation:		
Address for correspondence:		
		Post code:
Tel:	Fax:	

Date:

Signature:

Course Fee: £900

Inclusive of Code of Practice, Reference Book, course material, lunches, coffee and tea

- Would you like a list of hotel accommodation? Y/N (delete as appropriate)
- Will you require car parking at the University? Y/N (delete as appropriate)

Payment Method:

- By cheque: Please make your cheque payable to "BRITISH SOCIETY FOR STRAIN MEASUREMENT"
- We can invoice your company: Order No: _____
- Pay by credit/debit card MASTERCARD/VISA/SWITCH/SOLO:

Cardholder's name _____ Card expiry date: _____

Card number: _____ Issue number or 'start date': _____

3-digit security code on reverse of card: _____

Date: _____ Signature: _____ Position: _____

Return this form to:
John Edwards
22 St Georges Road, Bedford, MK40 2LS
Tel/Fax: 01234 347778 Email: johnedwards@bssm.org

For office use only		
Date rec'd:	Initials:	Reg. No:
Action:		