



British Association of Rodentologists

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Email: bar@britishassociationofrodentologists.co.uk

Name and Address of Delegate

Name			
Address			
Postcode		Telephone No:	
Email		Student Number:	

LECTURE / WORKSHOP

I would like to confirm my place on the following workshop(s) - indicate as appropriate:

DATE	LECTURE / WORKSHOP DESCRIPTION	Tick Box
10 October 2010	Dental workshop	<input type="checkbox"/>
24 October 2010	Skin & Parasitology workshop	<input type="checkbox"/>
07 November 2010	Respiratory workshop	<input type="checkbox"/>
21 November 2010	Dental workshop	<input type="checkbox"/>
		<input type="checkbox"/>

All workshops commence at 12:00 noon and run for approximately 2 ½ hours.

Anyone with a cold will not be allowed to enter the Hospital and will be booked on a future course

PAYMENT

I enclose a cheque (payable to BAR) for the sum of £35.00 per workshop as full payment to secure my place on the date(s) shown above.

I understand that all fees are non-refundable. Should either party have to cancel, I understand that a place will be reserved for me on the next available lecture/workshop of my choice.

Delegate Signature:.....

Date:.....