

Student Booking Form

Mr/Mrs/Miss/Ms SURNAME _____ FORENAME _____

University/Placement Address: _____

Postcode: _____

Tel.: _____ Email: _____

IBMS Membership No.: _____

PLEASE TICK APPROPRIATE BOXES FOR THE DAYS YOU WISH TO ATTEND

FULL WEEKEND

- Thursday evening 22nd March to
Sunday lunchtime 25th March

DAY VISITOR

- Friday 23rd March
Saturday 24th March
Sunday 25th March

If you need University accommodation either for the full weekend or just for a single overnight stay, please ask for details from:

Miss Lynne Trattles, BGS Registration Secretary
8, Farndale Crescent,
Darlington
DL3 9AP

Tel: 01325 469 476 E-mail: lynnetrattles@live.com

This application for attendance at BGS 2012 must be approved by your Course Leader or your Placement Manager.

Name: _____ Job Title: _____

Signature: _____

Please return completed form by post to Lynne Trattles at the above address.