

**For office use only**

Delegate Reference Number

Course Dates

Special Diet

Method of Payment

Invoice Request Number

# REGISTRATION FORM

## for Courses and Workshops

**Note: All participants are required to complete this form.  
Please complete one form for each course and use BLOCK CAPITALS.**

Course Title

Course Dates

Surname

First Name

Title (Dr, Mr, Mrs, Miss, etc)

IEE Membership Number

Job Title

Company Name

Address

Postcode

Telephone No

Fax No

Email

Mobile No

Course Fee

Yorkshire EMC Club Member

VAT

Compliance Ecosse Member

TOTAL

Membership number

Payment will be required prior to the course. To reserve a place send either an official order, a crossed cheque made payable to "York EMC Services Ltd" or complete the credit card details overleaf. In addition, provisional telephone or email reservations are welcomed.

Please return this form, together with remittance or order to:

CPD Co-ordinator  
York EMC Services Ltd  
University of York  
Heslington  
YORK YO10 5DD  
Telephone +44(0)1904 434440  
Fax +44(0)1904 434434



THE UNIVERSITY of York

York **EMC** Services Ltd

