

**ARLIS/UK & Ireland Cataloguing and Classification Committee**

**[EVENT TITLE]**

**Date:**

**Venue:**

**\*\*\* BOOKING FORM \*\*\***

**Fees:**

|  |  |  |  |
| --- | --- | --- | --- |
| ARLIS members | £XX | Non-ARLIS members  | £XX |
| ARLIS students/unwaged | £XX | Non-ARLIS students/unwaged  | £XX |
|  |  |  |  |
|  |  |  |  |

**Please note: in order to keep costs to a minimum lunch will not be provided at this workshop.**

**N.B. For bookings cancelled after [DATE] a charge of 10% of the total fee will be levelled. For bookings cancelled after [DATE] the full fee may be charged.**

**BOOKING:** Please contact:

Please note bookings will close on [DATE].

I wish to attend the **[EVENT TITLE]**

Please note: the details given below will be used in the compilation of a delegates list; if you do **not** wish your details to be included please tick this box 

Please tick this box if you are a student or if you are unwaged or retired 

**NAME:**

Please state any specific dietary requirement that we should take into account for tea/coffee/biscuits:

**ADDRESS FOR CORRESPONDENCE:**

Tel.: Fax: Email:

I enclose my cheque made payable to ARLIS/UK & Ireland for £

**OR**

Please send an invoice for £ to (name):

Email: Telephone number:

Address:

Please tick this box if you require a receipt 

***All bookings will be acknowledged by email or telephone.***