

Schizoanalysis and Visual Culture Conference
Tuesday 1st to Wednesday 2nd June 2010

Registration form

Title (Prof,Dr,Mr,Mrs,Ms):	
First Name:	
Family Name:	
Address for correspondence:	
Email:	
Telephone:	
Fax:	
Affiliation (to be printed on badge):	

Conference cost for 2 days 1st to 2nd June 2010 Registration fee includes lunch (Tuesday and Wednesday), plus all refreshment breaks in morning and afternoon. Please choose between the options and enter the relevant amount.	Full fee	Enter Amount
Full conference fee	£80	£
Reduced conference fee – Registered students (on production of proof of status eg copy of ID card or letter/email from institution) and unwaged	£35	

Special requirements (eg disability, dietary):

Request for Car Parking - Car parking is extremely limited in Cardiff and permits will be allocated on request. Please select the box to request one, although availability cannot be guaranteed.
I would like to request a parking permit

4. Payment Details

Please select the box for the method of payment:

Credit Card Cheque Money Order Bank Transfer

CREDIT CARD PAYMENT - Paying by credit card incurs a handling charge of 2% that will be added to the total amount due.

Credit card type: MasterCard Visa (Please note that Cardiff University are unable to accept other cards)

Credit card number:

Expiry date (mm/yy):

Cardholder's name:

Security code:

(last 3 digits on back of card)

Cardholder's signature:

Date:

CHEQUES or MONEY ORDERS - Cheques must be for the total amount due in pounds sterling. Please make payable to CARDIFF UNIVERSITY and send to Wendy Lewis at the address below. You must ensure that all bank charges are paid for before payment reaches us, in order to clear the outstanding amount.

BANK TRANSFER - Bank transfers must be for the total amount due in pounds sterling. You must ensure that all bank charges are paid for before payment reaches us, in order to clear the outstanding amount.

Please pay to **CARDIFF UNIVERSITY**

Account number 70002203

Sort code 08-90-03

Swift code CPBKGB22

Iban number GB33 CPBK 0890 0370 0022 03

Please ensure that the reference says 'SCHIZO KC3300N007' and your name.

The bank address is:

The Co-Operative Bank plc,16-17 High Street, Cardiff, CF10 1AX, Wales, UK

SEND COMPLETED REGISTRATION FORMS AND PAYMENT DETAILS TO:

Wendy Lewis, Finance and Research Manager, Schizoanalysis Conference,
Cardiff University, ENCAP, Humanities Building, Colum Drive, Cardiff, CF10 3EU, Wales, UK

CANCELLATION PROCEDURES

- Participants who wish to cancel their registration must send notification before 30th April 2010 and your registration fee will be refunded in full.

- **Payment for registration will not be refunded if notification is received after 30th April 2010.**

Registration enquiries to Wendy Lewis:

email: encap-events2010@cf.ac.uk

Telephone: +442920874504 or 029-2087-4504

Fax: +442920874502 or 029-2087-4502

Other enquiries to conference team :

email: buchanani@cf.ac.uk