

FRAME BOOKING FORM
Monday 14th September – Wednesday 16th September 2009

Please fill in and return to: Veena Prajapati
Framing Narratives Conference
French Department
Michael Sadler Building
University of Leeds LS2 9JT
UNITED KINGDOM

Title: **Name:**

Institution:

Address for correspondence:

Email:

Full Delegate Rates

Residential Rates include all Meals/Refreshment + 2 Nights Accommodation & Conference Fee. Please tick the relevant box:

Full residential rate	£220	<input type="checkbox"/>
Full Non residential rate	£160	<input type="checkbox"/>

Day Rates include Refreshments (lunch, dinner or conference dinner (except Wednesday), tea/coffee) + Conference Fee. Please tick the relevant box:

Monday lunch, tea/coffee, dinner	£50	<input type="checkbox"/>
Tuesday lunch, tea/coffee and conference dinner	£75	<input type="checkbox"/>
Tuesday lunch, tea/coffee, excluding conference dinner	£40	<input type="checkbox"/>
Wednesday lunch, tea/coffee	£40	<input type="checkbox"/>

Postgraduate Rates

Residential Rates include all Meals/Refreshment + 2 Nights Accommodation & Conference Fee. Please tick the relevant box:

Full PG residential rate	£160	<input type="checkbox"/>
Full PG Non residential rate	£105	<input type="checkbox"/>

Day Rates include Refreshments (lunch, dinner or conference dinner (except Wednesday), tea/coffee) + Conference Fee. Please tick the relevant box:

Monday, PG Day Rate lunch, tea/coffee, dinner	£30	
Tuesday, PG Day Rate lunch, tea/coffee, and conference dinner	£55	
Tuesday, PG Day Rate lunch, tea/coffee, excluding conference dinner	£20	
Wednesday, PG Day Rate lunch, tea/coffee	£20	

Method of Payment:

You may either pay by Cheque (£ Sterling only) or Credit Card

Cheques (in £ Sterling) should be made payable to the **University of Leeds**

N.B. Credit card payments are subject to a 2.5% surcharge

Credit card payment

Subtotal (applicable delegate rate)	= £	
2.5 % credit card surcharge	= £	
Total amount due	= £	

Credit card details

Card Type: **Card Number:**

Issue Date: **Expiry Date:** **Issue number:**

Cardholder's Name:

Cardholder's Address:

Cardholder's Signature:

Please indicate additional preferences:

Please tick this box if you require vegetarian meals throughout: ☐

Dietary, access (e.g. wheelchair) or other requirements: