Networking the Globe: Information Technologies and the Postcolonial



Inaugural Postgraduate Conference

www.postcolonialstudiesassociation.ac.uk

REGISTRATION FORM

The registration fee of £65 covers

- all papers, lectures and workshops
- morning and afternoon teas/coffees/biscuits
- two two-course lunches (Friday Saturday inclusive)

Please complete all sections below, and return the form with payment to the address indicated.

Section 1: Registration

Please give your name and affiliation as you wish it to appear on your conference badge.

Name:	
University Affiliation:	
Postal Address:	
Post Code:	
Email:	
Telephone:	
Paper title (if applicable):	
Audio-Visual Equipment needs:	

Delegates will need to purchase their own evening meals. Vegetarian lunches will be available at the conference, but if you have any other special dietary requirements, please indicate here.

Other needs:

Section 2: Conference Dinner

Friday dinner at the Mediterranéa restaurant in Stirling http://www.mediterranearestaurant.com/

Yes, I would like to attend the dinner

Unfortunately, I cannot attend the dinner

N.B. Numbers are limited to 45 people for dinner due to space restrictions, so early booking is suggested.

Section 3:	Payment	
Registration fee		£ 65
Conference Dinner		£ 20
Total Due:		

Payment Options

I enclose a cheque in pounds sterling made out to the 'University of Stirling' (must be drawn on a British bank)

Please debit my (circle choice) Visa or Mastercard.

N.B. The university will add a 1.92% administration charge to your total payment (see form on page three)

Please send this registration form with cheque or details of payment to

Brian Rock Department of English Studies University of Stirling Stirling FK9 4LA Scotland U.K.

Please return your registration form and payment no later than 5 April 2010.

If you require a formal letter of acceptance to the conference, please email brian.rock@stir.ac.uk

UNIVERSITY OF STIRLING

PAYMENT BY CREDIT/DEBIT CARD (a 1.92% charge is administered for credit cards)

Name:
Card Holders Name:
Address: (Billing address of card holder)
Telephone:
Type of Card: Mastercard Visa Maestro
Card No:
CSC No: (3 digit number on back of card)
Post Code: House No:
Post Code: House No: Expiry Date:
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Expiry Date: Date Issue No (if appropriate)
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