



EVENT APPLICATION FORM

Serial No:

Please complete and return to **Chris Pilgrim, SIESO Membership Secretary, 7, Hardbarrow Woods, High Bar Lane, Thakeham, Pulborough, West Sussex, RH20 3ES**. Please mark the envelope "SIESO Conference".

Full payment is required at the time of booking. A separate form is required for each delegate.

EVENT DETAILS	
Event Title	COMAH 18
Event Date	30 April 2012

DELEGATE'S DETAILS	
Title	
First name	
Surname	
Job title/role	
Employer's name	
SIESO membership number	
Contact address for correspondence	
	Postcode
Telephone	
Fax	
E-mail	
I require overnight accommodation on 29 April	yes / no <i>(delete as appropriate)</i>
I shall be travelling by	car / public transport <i>(delete as appropriate)</i>

PAYMENT				
In submitting this application, I accept the terms and conditions outlined in the Event details				
Event Fee <i>(delete as appropriate)</i>	£80	£110	£165	£195
Signature				
Date				

For Official use Only	
Date application received	
Date invoice sent / BACS reference	COMAH18/ /
Date payment received / cheque number	/
Date paid-in / paying-in slip number	/
Date receipt sent <i>(if applicable)</i>	