University of Oxford

Application / Registration Form

CONTINUING PROFESSIONAL DEVELOPMENT CENTRE

- Please check 'How to Apply/ Register' and the Terms & Conditions on our website before **fully** completing this form.
- **Bookings may only be confirmed on receipt of payment due**, in accordance with our Terms & Conditions.
- Photocopies of this form may be used for application/ registration purposes. One person only can be registered per form.
- If you have applied and paid for a course, but have not received confirmation within three days, please contact us.
- **Accommodation in the Department:** See http://www.conted.ox.ac.uk/conference/accommodation.php (limited availability, early booking recommended). Please contact the Residential Centre Administrator (res-ctr@conted.ox.ac.uk, tel +44 (0)1865 270362). Hotel accommodation outside the Department can be found on the Oxford City web site www.oxford.gov.uk.

COURSE(S) BOOKED

Course Name	Start Date	Fee

Personal Details

Title (Mr/ Mrs/ Miss/ Ms/ Dr/ Prof)			
First Name		Last Name	
Job Title/ Position			
Company/Organization			
Company/Organization Address			
Country		Postcode	
Telephone No		Fax No	
Home Postcode (used for government statistics)			
Email Address			
Special Requirements *I have the following special requirements (diet, disability, etc):*			
How did you hear about this programme?			

Authorisation – ***details of person authorising booking (if applicable):***

Name		Job Title/ Position	
Address (if different from above)			
Email Address		Telephone No	
Signature		**Date**	

If this is a private, individual booking which is not being made through your company/ organization please tick here: ☐

Payment Options – ***please indicate method of payment below. NB Payment is required before we can confirm bookings.***

☐ **Cheque**: Payable to "OUDCE" in Pounds Sterling | Amount: | Cheque number

☐ **BACS**: Barclays Bank plc, 54 Cornmarket Street, Oxford OX1 3HB UK
University of Oxford CPD Receipts Account, Sort code:20-65-20, Swift code BARC GB 22 | Our invoice number (if provided)

☐ **Credit/debit card** (the following are accepted): ☐ Switch ☐ Maestro ☐ Visa ☐ Access ☐ MasterCard ☐ Eurocard

Card number (18-digit cards) | Expiry date | Issue no. (if applicable)

Signature of Cardholder		Amount:	
Address of Cardholder			

DATA PROTECTION: Please indicate if you do **not** wish the Department to send you information regarding other courses which it may offer in the future.
I do not wish to receive this information: by post ☐ **by email** ☐

Fax to +44 (0)1865 286934 OR mail to CPD Centre, Littlegate House, 16/17 St Ebbes Street, Oxford, OX1 1PT, UK