

**9<sup>th</sup> RSC Fluorine Subject Group Postgraduate Meeting**  
17<sup>th</sup>– 18<sup>th</sup> September 2009  
University of Southampton, main campus

**REGISTRATION DETAILS**

**Deadline for registration August 17<sup>th</sup> 2009**

<b>Registration Fee*</b>	<b>Industry delegate</b>	<b>£120</b> (incl. VAT) (£50 single day*)
<small>*Including Thursday dinner</small>	<b>Academic delegate</b>	<b>£95</b> (incl. VAT) (£35 single day*)
	<b>Student</b>	<b>£70</b> (incl. VAT) (£25 singly day*) <small>* not including dinner</small>

**Accommodation Fee** £40 (incl. VAT) per night (ensuite room)

Complete form in BLOCK CAPITALS please

Surname ..... Prof/Dr/Mr/Mrs/Miss/Ms  
(Family name)

Forename(s) .....

Preferred name and title for badge .....

Job Title .....

Company/Organisation .....

Address for Correspondence .....

.....

.....

Country ..... Post Code .....

Tel: ..... Fax: .....

Email .....

Special Dietary Requirements:.....

Your contact details will be printed in the event program for delegates, please tick if you DO NOT wish for your details to be included

**PAYMENT DETAILS**

Please tick boxes that apply:

\*Registration fee  Industry (£120)  Academic (£95)  Student (£70)

Only for people who wish to attend for 1 day only (fee: £50-£35-£25): please indicate which day, and whether you would like to attend the Thursday evening dinner (with subsequent poster session):

Thursday  Friday Dinner (£30)  yes  no

\*Please book accommodation for me on the following nights (£40 per night):

Wed 16<sup>th</sup> September  Thurs 17<sup>th</sup> September  Fri 18<sup>th</sup> September

**Payment (registration fee + accommodation):**

I enclose a cheque made payable to "The University of Southampton"

Please invoice my institution (purchase order no: .....)

My institution wishes to pay by bank transfer (net of charges) to  
Account No: 35962001, Fortis Bank, 23 Camomile Street, London EC3A  
7PP, UK. Sort Code: 40-52-62. Account name: University of  
Southampton ref 506448105.

Please debit my credit card:

Card Number.....  
(Mastercard/Visa only)

3-digit security code (last 3 digits printed on signature strip on back of card).....

Signature: ..... Expiry Date: .....

Cardholder Name and address:.....

.....  
(Payment in full must be received in advance of the event otherwise admission cannot be guaranteed).

Please print this form and fax or post to:

Dr Bruno Linclau  
School of Chemistry, University of Southampton,  
Highfield, Southampton SO17 1BJ  
Tel: 023 8059 3816 Fax: 023 8059 6805  
Email bruno.linclau@sofon.ac.uk

No refunds will be made for cancellations after 17<sup>th</sup> August. Substitutions are possible.  
**Photocopies of this form are acceptable for registration**