

REGISTRATION FORM
EMDR Association UK & Ireland Annual Workshop
London, 10th February 2012
Venue: RIBA, 66 Portland Place, London, W1B 1AD
Organised in association with EYAS Ltd

If you would like to become a member of the EMDR Association at a fee of £60.00/78€, you will then be eligible to pay the member rate below. Please indicate by ticking the box

EARLY BIRD RATE
(until 23rd December 2012)

Workshop, Friday 10th February 2012

<input type="checkbox"/>	Member	£130.00/169€
<input type="checkbox"/>	Non-member	£160.00/208€

NORMAL RATE
(until 9th February 2012)

<input type="checkbox"/>	Member	£160.00/208€
<input type="checkbox"/>	Non-member	£190.00/247€

A fundraising 3 course dinner will be arranged on Thursday, 9th February 2012, 8pm – The Villandry, 170 Great Portland Street, the cost will be £35.00 per person (drinks not included), from this a contribution will be made to **HAP** (Humanitarian Assistance Programme). If you would like to attend please indicate how many tickets you require in the box below and enclose payment to Eyas Ltd with your registration fee.

Personal Information:

Title (Dr/Mr/Mrs/Miss/Ms): _____ Full Name: _____

Address: _____

Telephone number: _____ Email: _____

Please indicate how you heard about the conference?

Accommodation

Delegates are advised to choose their own accommodation. Please see the following website in order to view a list of nearby hotels.

<http://www.architecture.com/Files/RIBAHoldings/FinanceAndResources/Venues/FAQS/HotelsNearTheRIBA.pdf>

Please note that these hotels are not recommended by EYAS Ltd, they are suggestions of nearby accommodation made by RIBA.

Payment

Cheques

Cheques must be in £ sterling and made payable to: **EYAS Ltd**

Credit card

Payment may be made by VISA or MASTERCARD only. If you wish to pay by credit card a 2.5% charge will be applied and 85 pence for a debit card. Please complete the following in full:

Card type: _____ Name on card: _____

Credit card number: _____

Expiry Date: ____ / _____ CVV number: _____

Billing address (if different to above): _____

Alternatively, if your employing body is paying your conference fees, please fill in the following guaranteed authorisation payment statement and details of the relevant employment body.

EMPLOYER TO BE INVOICED

I accept liability for the fee in the event of non-payment by the employing authority below:

Delegate signature: _____ Date: _____

Please invoice Employing Authority: _____

Order No: _____ Department: _____

Contact Name: _____ Email: _____

Address: _____

The completed form should be returned no later than **06 Feb 2012** to:
EYAS LTD, 7 Temple Bar Business Park, Chichester, West Sussex, PO18 0LA
Tel: 01243 775561 / Fax: 01243 776738 Email: emdr@eyas.co.uk