

UNSOLVED PROBLEMS IN MAGNETOSPHERIC PHYSICS WORKSHOP

Crown Spa Hotel, Scarborough UK, 2015 : **REGISTRATION**

Full Name: _____ * Name on Badge: _____ *

Affiliation(s): _____ *

Full Postal Address: _____ *

_____ *

Post Code/Zip: _____ * Country: _____ *

REGISTRATION FEE is **£300 / \$480-US** (after 30th June **£380 / \$600-US**).

| | | |
|---|---------------|---|
| Registration Fee | £ / \$ | * |
| Number of Guests (£90 / \$150-US per guest) | £ / \$ | |
| TOTAL | <u>£ / \$</u> | * |

The hotel has asked that we request details of meal choices for the banquet in advance. Please tick one option from each section.

| | -----Starter (Soup) *----- | | | -----Main *----- | | | | -----Dessert & Coffee *----- | | |
|-----------|----------------------------|--------------------------|------------------------------|--------------------------|--------------------------------|---|-------------------------------|--|---|--------------------------------|
| | Minestrone (V) | Mushroom (V) | Leek and Potato (V) | Steak & Ale Pie | Baked Cod & Parma Ham | Spinach & Ricotta Cannelloni (V) | Roast Lamb and Onion | Sticky Toffee Pudding & Cream (V) | White/Dark Chocolate Torte & Raspberry (V) | Cheese & Biscuits (V) |
| Scientist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Guest 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Guest 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Special Dietary Requirements for Conference Dinner, including guest(s): _____

PAYMENT *

Bank Transfer Cheque (UK only)

Bank Transfers should be made to the following account:

BANK NAME AND ADDRESS: HSBC Bank plc, 35 Market Street, Lancaster, LA1 1JQ, UK.
ACCOUNT NAME: UPMP Workshop
SWIFT / SORT CODE: MIDLGB2136R / 40-27-02
IBAN NUMBER: GB59MIDL40270271794027

Payment by Cheque (UK only) should be posted to:

UPMP Registration, 17 Holbeck Hill, Scarborough, N. Yorks., YO11 2XE. (Cheques payable to "UPMP Workshop").

Please **email** the completed form to mdenton@spacescience.org . Once payment is received you will receive confirmation and a receipt via email.

Contact mdenton@spacescience.org if you have questions concerning completion of this form.

WE LOOK FORWARD TO WELCOMING YOU TO SCARBOROUGH!

* = Required field