

Child Care History Network Annual Conference 2014

Healing the Wounds of Childhood The Medical and Psychological Care of Children: Historical and Current Perspectives

Supported by:
The Centre for Medical History, University of Exeter
The Wellcome Trust
3rd October 2014

DELEGATE REGISTRATION FORM

Full Name (for conference badge):		
Address:		
Telephone:	Email	
Institution:		
Dietary requirement:	Access requirements:	

FURTHER INFORMATION

PERSONAL DETAILS:

For queries relating to registration and hospitality, please contact the Claire Keyte, Conference Manager by phone on +44 (0) 1392 72329 or by email at c.e.keyte@exeter.ac.uk. Your completed registration form should be sent by post to: Mrs Claire Keyte, The Centre for Medical History, Room 329, Amory Building, Rennes Drive, University of Exeter, Exeter, EX4 4RJ.



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FULL CONFERENCE FEE CCHN Members Non-Members Conference fee (unwaged)	£45 £65 £45	
The conference fee covers admittance to all presentations, buffet lunch and refreshmen not however cover the cost of an evening meal on Thursday 2 nd or Friday 3 rd October, or bed and breakfast accommodation at the Buckerell Lodge Hotel. These items will need separately below.	r overni	ght
ACCOMMODATION: (single en-suite rooms at the Buckerell Lodge Hotel)		
B&B en-suite accommodation: Thursday, 2 nd October B&B en-suite accommodation: Friday 3 rd October	£82 £82	
EVENING MEAL		
Buckerell Lodge Hotel		
Thursday 2 nd October 2013	£24	
Friday 3 rd October 2014	£24	
Total fees payable	£	
PAYMENT ARRANGEMENTS:		
Receipt of payment will be sent to the address on the registration form unless otherwise	stated.	
Cheques must be made payable in pounds sterling to The University of Exeter.		
My debit/credit card details are enclosed (please fill in the Credit Card Authorisation Fo note we cannot accept American Express.	rm). Ple	ase



CREDIT/DEBIT CARD AUTHORISATION ONLY

Please note that the University would prefer payment by UK credit card (Mastercard or Visa) or UK debit card (Maestro, Solo, Connect, Electron etc). Card payments over £1,000.00 may be subject to security questions by the card user.
Card Holders Name
Card Number Start Date Expiry Date Debit Card Issue No. (if applicable)
Security Number (last 3 digits of number on signature strip)
Cardholders Address
Postcode Postcode
I authorise the University of Exeter to charge my credit/debit card with the amount of £
Signature of card holder Date:
Cardholder's Telephone No
Delegate Name
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Department