W G Hart Legal Workshop 2010: Comparative Aspects on Constitutions
29 June – 1 July 2010
REGISTRATION FORM

First name(s):		Title (Prof, Dr, etc):	
Surname:			
University, College or Company:			
Position:			
Address:		Tel:	
		Fax:	
		Email*:	
Signed:		Date:	

Fees :

THREE DAY RATES:

☐ Standard Three Day Rate (incl. Practitioners, Government Lawyers): **£205.00.**
☐ Discounted Three Day Rate for Academics, Registered Charities: **£130.00.**
☐ Discounted Three Day Rate for Postgraduate Students: **£65.00.**

DAY RATES:

☐ Standard Day Rate (incl. Practitioners, Government Lawyers): **£75.00.**
☐ Discounted Day Rate for Academics, Registered Charities: **£50.00**
☐ Discounted Day Rate for Postgraduate Students: **£25.00.**

OTHER

☐ Accommodation at International Hall for Monday 28/6, Tuesday 29/6, and Wednesday 30/6: **£105.00.**
(Note: Rooms at International Hall are basic, rooms do not have en-suite bathrooms)

If attending individual days, please give the specific days: .....

Students, please provide details of your university and degree .....

Method of Payment:

☐ Cheque enclosed for £_____
Cheques should be made payable to UNIVERSITY OF LONDON and sent together with the registration form to Belinda Crothers, IALS, 17 Russell Square, London WC1B 5DR.

☐ Invoice: Please indicate clearly who is paying the invoice and the exact address the invoice should be sent to.

☐ Charge my debit/credit card:

☐ **Visa;** ☐ **Mastercard;** ☐ **Delta;** ☐ **Switch/Maestro;** ☐ **Solo**

Card number:

Valid from (mm/yy): | | | | |

Expiry date: | | | | |

Issue number: Switch and Solo cards only | | | | |

Name of issuing bank:	
Cardholder's name – as stated on card	IN CAPITALS
Cardholder's Billing Address	IN CAPITALS
	Postcode
Cardholder's signature:	**Date:**

Please return by 23 June to: Belinda Crothers, IALS, 17 Russell Square, London WC1B 5DR, UK.
Tel: + 44 (0)20 7862 5841. Email: Belinda.Crothers@sas.ac.uk