



Venue: Edinburgh International Conference Centre, The Exchange, Morrison Street, Edinburgh, EH3 8EE
 Pre Conference Workshops - 22nd & 23rd November 2016
 Conference 24th & 25th November 2016

Registration Form

Registration Rates

	Full Conference (2 days Workshop & 2 days Conference)	Workshop Only 2 days	Workshop Only 1 day	Conference Only 2 days	Conference Only 1 day
Member BABCP/ACBS	£450.00	£300.00	£150.00	£280.00	£150.00
Non Member	£470.00	£330.00	£180.00	£300.00	£180.00
Reduced Rate	£350.00	£200.00	£110.00	£200.00	£110.00

*Reduced Rate is for those whose annual income is under £21,388.00 (BABCP Reduced Rate)

Title: _____ First Name: _____ Surname: _____

Address: _____

Telephone Number: _____ Email: _____

Member: _____ Non Member: _____

Please indicate if you have any dietary or special requirements? _____

How did you hear about this conference? _____

Please circle the rate above you wish to apply for and enter the amount here: £ _____

If you wish to attend a Pre-Conference Workshop please enter the number(s) here: _____

If you are attending the conference for one day only, you will be able to select either Thursday or Friday once the conference programme has been released.

Social Programme

Social events are open to all delegates attending and are free of charge. Please indicate below if you wish to attend:

Welcome Reception - Wednesday 23rd November

Follies Night - Thursday 24th November

* Further information can be found on the conference website www.actcbsconference.com

Accommodation

Convention Edinburgh has negotiated rates for The Third ACT/ Contextual Behavioural Science Conference and is pleased to offer a free online accommodation booking service to delegates attending this meeting.

To view and book the various accommodation options please click on the link below

https://cabs.conventionedinburgh.com/ei/cm.esp?id=150575&pageid=_4LD0UUN4T

Credit card details are required to make a booking and confirmation shall be sent to your e-mail address. Payment should be made directly with the accommodation provider at the time of your stay.

Payment Information

Bank Transfer/Card - Please refer to the invoice that will be emailed in due course

Cheque - Please make payable to Eyas Limited and send to the address below

Employing Authority - If you wish for your employer to be invoiced please complete the following section. It is imperative that you provide an order number or written confirmation that payment has been authorised.

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

Delegate signature: _____

Date: _____

Employing Authority to be invoiced: _____

Order No: _____

Contact email: _____

Address: _____

Closing date for registration is Thursday 17th November 2016 and refund requests for cancellations cannot be accepted after Friday 21st October 2016

Please send your completed form to:
Eyas Ltd, 7 Temple Bar Business Park, Strettington Lane, Chichester, West Sussex, PO18 0LA
Tel: 01243 775561 /Fax: 01243 776738 / Email: