REGISTRATION FORM

1. Personal	Details								
First Name:			Surname:						
Institution:			Tick if Student				Title	:	
2. Contact Details									
Street Address:						City:			
State/Provir	nce:		Postal	Code:	1			Country:	
Telephone:	Country Code:	City Co	ode:		Telephone Number			er	
Email address:									
3. Registration Fees									
Fees are shown below - The deadline for early registration is May 13, 2013. Tick your registration type as appropriate.									
Presenter									
Participant									
Student Early Registration (350 Euros)				Student Finalist					
SSU staff				Committee Member					
Group (3 or more) Early Registration (475 Euros)									
If attending as a group please indicate the other members of the group									
4. Pre-conference workshops Weds 3 July									
Pre-event Workshops carry a small additional cost - places at these are limited and places will be allocated on a first									
come basis. There are two available workshops running simultaneously: <i>Quality Matters</i> (full day, 50 Euros inc lunch) and <i>Using screen capture for feedback</i> (half day from 1pm, 30 Euros). Please tick the relevant box if you									
wish to attend one of these workshops. If you are interested in both workshops, please indicate order of preference.									
I would like to attend the Quality Matters workshop (cost 50 Euros) Order of preference (1 or 2)									
I would like to attend the Screen Capture for feedback workshop (cost 30 Euros) Order of preference (1 or 2)									
5. Payment Method									
I wish to pay by the following method:									
Credit / Debit Card (please complete Section 5)									
Bank Transfer (please refer to Section 6)									

Î È Credit / Debit Card Details (All payments in Euros, please in	clude registration and workshop cost)								
Please charge my: \square Visa \square Mastercard \square Switch (We do not accept: Electron, Diners or American Express)									
I wish to pay the total fee of Euro: (This amount will be o	debited when we receive this form)								
Card Number:	Last 3 spaces for Switch ONLY								
Start Date:	ecurity Code: (on back of card)								
Ï È∰Vire Transfer Details									
If paying by bank wire transfer, please use the details below. Pleather the reference number of the transaction.	ase indicate below the date and								
Bank: Barclays Bank Address: Apex Plaza, Reading, Berkshire RG1 1AX IBAN: GB45BARC20792567705188 Swift: BARCGB22 Sort code: 20-79-25 Account number: 67705188 Beneficiary: Southampton Solent University									
Please ensure all payments are in Euros.									
8. Submitting your registration									
Please email your completed form to the conference registrar, Matt	Hickling at the address below:								
Email: registrar@icicte.org To Post your registration form, please send it to:									
Matt Hickling, ICICTE Conference Registrar Maritime and Technology Faculty Southampton Solent University East Park Terrace Southampton, UK, SO14 ORD									
Cancellation policy: Requests for refund are to be sent to the Conference Registrar by e-mail or by mail. Refund of 75% of registration fee for cancellations one month before the conference (by June 4) Refund of 50% for cancellations up to two weeks before the conference (by June 20) No refunds will be available for cancellations after June 20.									
9. Signature (typed Signature Constitutes legal signature)									
☐ I have read the information above and agree to the terms & cor	nditions for registration and payment								
Signature:	Date: : / /								