

**Course on Network Meta-Analysis**

**BOOKING FORM**

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| Name and Title of Delegate | |  |
| Email Address of  Delegate | |  |
| Postal Address of Delegate | |  |
| Accommodation required at  Keble College | | Yes No |
| Attending gala dinner at Oriel College | | Yes No |
| Special dietary requirements | | Please give details:  Yes |
| **Booking Confirmation**  I confirm that I wish to reserve a place on the course. Please select:  Course fee including & accommodation £1000  Course fee excluding accommodation £870  Course fee, student rate £600 | | |
| **Details of organisation to which invoice for payment should be sent ( if different from above):** | | |
| Organisation name | |  |
| Organisation postal address | |  |
| Organisation email address & telephone | |  |
| **Following receipt of confirmation, you will receive an invoice for payment. We regret that fees are not refundable.** | | |
| Delegate  Signature |  | |
| Date |  | |