

**Course on Network Meta-Analysis**

**BOOKING FORM**

|  |  |
| --- | --- |
| Name and Title of Delegate |  |
| Email Address ofDelegate |  |
| 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 £1000Course fee excluding accommodation £870Course 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.** |
| DelegateSignature  |  |
| Date |  |