|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | | |
| Name |  | | | | | |
| Contact telephone number |  | | | | | |
| Email address |  | | | | | |
| AUDIO VISUAL REQUIREMENTS  * The computers at the QEII Centre run the latest version of PowerPoint, so can work with that or any previous versions. * All of the screens at the QEII are widescreen (aspect ratio 16:9). Although other aspect ratios can still be displayed, they will project with a black border around the edges of the slides, so widescreen looks much better. | | | | | | |
| If your presentation has been made using software other than PowerPoint, such as Prezi, please complete the details here: | | | |  | | |
| PowerPoint slides should be designed as slide size Widescreen (16:9). If you are using a different slide size/aspect ratio (e.g., 4:3, 9:16, etc), please complete the details here: | | | |  | | |
| Are there any sophisticated graphics or embedded video films included in your presentation? *(Please tick/delete)* | | | | Yes / No | | |
| Will you require sound from the computer to the PA system?  *(Please tick/delete)* | | | | Yes / No | | |
| CONFERENCE ATTENDANCE We will register you for the day of the conference on which you are speaking/chairing and there is nothing that you need to do for this. | | | | | | |
| Do you anticipate attending any other days of the conference, apart from the day on which you are speaking/chairing? If yes, please tick which days here but also register and send payment for the additional days only, ideally by 1 October. | | Wed 27 Nov | Thurs 28 Nov | | Fri 29 Nov |  |
| PRESIDENT’S RECEPTION | | | | | | |
| Will you be able to attend the President’s Reception, to be held from 5.45pm to 7.00pm on Thursday 28 November?  *(Please tick/delete)* | | Yes | No | |  | |

*Continued over ...*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME** | |  | | | | |
| **HOTEL ACCOMMODATION**  BTS will cover one night’s accommodation. If you wish to stay additional nights, we can add those to your booking and you can pay directly at the hotel on departure. | | | | | |
| Would you like us to book your hotel accommodation? *(Please tick/delete)* | | Yes | No |  |  |
| If yes, please tick for which night/s | | Tues 26 Nov | Wed 27 Nov | Thurs 28 Nov | Fri 29 Nov |
| If yes, type of room? *(Please tick/delete)* | | Single | Double | Twin |  |
| Total number of nights *(Please specify)* | |  | Accompanying person’s name *(if applicable)*: | | |

Please scan and return this form via email to Cathryn Stokes, BTS Conference Manager,

as soon as possible, and **by no later than** **Monday 14 October**

Email: [cathryn@csconferences.co.uk](mailto:cathryn@csconferences.co.uk)

*Thank you!*