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| **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 ...*

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| **NAME** | | |  | | | | | | | |
| CONFERENCE DINNER | | | | | | | | |
| Will you be able to attend the Winter Meeting Dinner, to be held at 7.30pm on Wednesday 22 November? (You will receive a formal invitation with details in due course.)  *(Please tick/delete)* | | Yes | | | No | | Attending partner’s name (if applicable) | |
| **HOTEL ACCOMMODATION**  BTS will cover accommodation for three nights. 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!*