

**MIRA Visit  
- Booking Form  
I wish to attend this event on 15th September**



Surname \_\_\_\_\_ (Mr / Mrs / Ms / Miss / Dr / Prof)  
Forename \_\_\_\_\_ Job Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_ Tel No \_\_\_\_\_ Fax No \_\_\_\_\_  
Email \_\_\_\_\_  
 I am a CILT / IOM Member – Membership Number \_\_\_\_\_

**GUEST**

Surname \_\_\_\_\_ (Mr / Mrs / Ms / Miss / Dr / Prof)  
Forename \_\_\_\_\_ Job Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_ Tel No \_\_\_\_\_ Fax No \_\_\_\_\_  
Email \_\_\_\_\_

If guest is a member please insert Membership Number \_\_\_\_\_

DELEGATE FEES		
<b>MEMBER</b>	<b>FREE</b>	<input type="checkbox"/>
<b>NON-MEMBER</b>	<b>£10.00</b>	<input type="checkbox"/>

The Institute requires payment for event with attendance fees below £100 to be paid at the time of booking. Such payments can be made by cheque, credit card or by the BACS system.

I enclose payment of £ \_\_\_\_\_ please make cheques payable to CILT(UK)

I wish to pay by Visa / Mastercard / Amex / Delta / Switch / Solo

No: \_\_\_\_\_

Expiry Date \_\_\_\_ / \_\_\_\_ Switch Issue No \_\_\_\_ Security Code \_\_\_\_\_

Card Address (if different from above) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return your completed booking form to:**

Membership Services, The Chartered Institute of Logistics and Transport (UK), Earlstrees Court, Earlstrees Road, Corby, Northants, NN17 4AX. Tel: 01536 740104. Fax: 01536 740101. Email: [membership@ciltuk.org.uk](mailto:membership@ciltuk.org.uk)

**BOOKING CONDITIONS**

Registrations will be acknowledged by a confirmation receipt and, nearer the date of the event, joining instructions will be issued. All cancellations must be received in writing at least 10 working days prior to the event, to allow others to attend, and after which refunds are not available. The Institute reserves the right to change the content of the programme and speakers, without prior notification.