THE MA CONFERENCE Inspiring Teachers 1ST – 3RD APRIL 2016 - ANDREW WILES BUILDING OXFORD UNIVERSITY

Delegate Details

Title:	First Name:			Surname:							
Home Address			Wor	k Address							
House Name:			Work Pla	ce Name:							
Street and Number:			Street ar	Street and Number:							
City/town:			City/tow	wn:							
County:		Postcode:	County:			Postcode:					
Country:			Country:								
Phone/Email			•								
Day:	Night:		Mobile:		Email:						

Please indicate your relevant education sector - at least one box to be marked.

Primary	Secondary	HE	FE	6 th form college	
SEN	Advisor / Inspector	NQT	Student	Other, please state	

Delegate Booking

	Registrat	tion type		Rate from 01/02/16	Booked	
Full conference	resident*				£430	
Full conference	non-resident*	K			£300	
Full conference	1 st Student				£380	
Full conference	2 nd Student w	hen booked wi	th 1 st student		£120	
Full conference	non-resident	Student			£220	
Single day rates	;				£170	
Single Bed & Bro	eakfast rate (please indicate	date below)		£60	
31 st Mar	1 st Apr	2 nd Apr	3 rd Apr			
Conference Dinr	ner Suppleme	nt non-resident	Ī		£35	

* Bursary MA Personal members only either attending Annual Conference for the first time or who are in the first five-years of teaching. See over.

Extra Nights The price of £60 is for single bed and breakfast only, evening meal is not included.

Please indicate if you require lunch on 1st April **YES / NO** (This meal is included in the **full and single day** conference price.)

Payment Details - one option must be completed.

m	ade	Cheque enc. e payable to The Mathematical Associa SA/MASTERCARD/MAESTRO/DEBIT nur spiry date Security														0	Cha	arge	my	cre	dit/c	lebit	t car	d w	ith	£								
Му	VIS	SA/N	MAS	TER	CAF	RD/M	1AE	STR	O/D	EBIT	nur	nber	is																					
									Name of Card Holder as it appears on the card:																									
Ca	rd ex	piry	v date	e						Secu	irity	num	ber					I																
Ca	rd va	alid f	from							Issue (if app			-																					

Please indicate if you require a receipt. YES / NO

Refunds on cancelled bookings will be made as: within 7 weeks of Conference 75% of fee, within 4 weeks of Conference 50% of fee, within 2 weeks of Conference no refund.

Please return your completed form, enclosing remittance, to The Mathematical Association, Conference Section, 259 London Road, Leicester LE2 3BE. (Bookings with credit card payments can be faxed back on 0116 212 2835.) Enquiries can be phoned through on 0116 221 0013 or emailed to conference@m-a.org.uk

DATA PROTECTION Please note we will not release names and addresses to a third party. The MA is a registered charity, number 1117838. CONT .../

Membership Details - please complete one.

	· · · · · ·
Personal Member Number	
Institutional Member Number	
Student Member Number	
Non-MA Member	

Bursary £75 bursaries are available for Personal MA Members booking a full conference resident place who are either attending the Annual Conference for the first time or who are in their first five-years of teaching.

£45 bursaries are available for Personal MA Members booking a full conference non-resident place who are either attending the Annual Conference for the first time or who are in their first five-years of teaching.

I'm an MA Member and in the first five-years of teaching. I completed training in 2_____ and started teaching at _____Postcode:_____ in 2_____.

Survev

Please indicate how many times you have attended a Mathematical Association Annual Conference

never once	twice three times	more than 3 times	Year of last MA/joint
			conference attended
Please indicate how you heard ab	out the Conference		
MA Journal Other	Mailshot Colleagu	e Website LEA	Other, please
advert/notice advert/notice			state
Travel			
Please indicate how you are mos	st likely to travel to the conference	e. Please note the University c	annot offer car parking; the
options must either be the park	and ride service or street parking	at your own discretion.	
car train	bus plane		
Delegate Badge	Notail .		
υσισματό μαυμό	UUUU please complete		
PREFERRED NAME	PLACE OF WORK	TOWN/CITY	OTHER

Special Requirements - This section only needs to be completed by those with a special dietary need.

Please indicate the nature of your requirement by completing the form. We will contact you again if there is a problem with meeting your needs.

Name

Preferred location of bedroom

Ground floor:

_ Room adjacent to: ___

Other, please specify:

Dietary Requirements

Vegetarian	Vegan	Gluten Free	Shellfish		
			Allergy		
Dairy Allergy	Nut Allergy	Wheat Allergy	Other:		

Meals Booked - Please indicate the meals to be taken.

Date	Breakfast	Lunch	Dinner	Date	Breakfast	Lunch	Dinner	
Fri 01/04/16	n/a			Sat 02/04/16				
Sun 03/04/16		n/a	n/a					

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We reserve the right to alter the conference programme according to circumstances beyond our control.