## CompTest 12004



First Name	.Surname	Title	•
Organisation			
Position / Job title			-
Address			
City	Postcode	Country	
Telephone No. (including internati	onal dialing code)		
Fax No	e-mail		
Conference registration fees (inc	£245 (regi	e, reception and one banquet ticket stration before 15th July) 📮 stration after 15th July) 📮	t)
Additional banquet tickets (subject	t to availability)	@ £45 each	
<ul> <li>I am making an oral presentation</li> <li>I am presenting a poster. Paper</li> <li>I am attending as co-author. For a paper</li> <li>I am not presenting a paper.</li> <li>Please tick all that apply</li> </ul>	er Ref. No(s):		
Airbus Tour (includes transport ar (Numbers are limited, early regist		£45 🖵	
Additional information required fo (Airbus reserves the right to restr Passport No	ict access)	rth (dd/mm/yy)	
Nationality	Place of Birth		-
Please indicate prefered method Credit card  Cheque	of payment Bank Transfer 🖵		
The conference organisers will co	ontact you to arrange for	credit card and bank transfer	

payments, please send cheques made payable to the "University of Bristol" to:-CompTest2004, Dept. Aerospace Engineering, Queens Building, University Walk, Bristol, BS8 1TR, U.K.

Do you require an invoice?

