

UK IB Students' Conference 2004 REGISTRATION FORM

| Name of School/College: | | | | | | | |
|---|---------------|---------------------|--------|-------|---------|----------|--|
| Address of School/College: | | | | | | | |
| | | | | | | | |
| L Staff member responsible for v | visiting grou | p: | | | | | |
| Contact telephone number: | | | | | | | |
| Contact email address: | | | | | | | |
| Number of students participating in the conference: | | | | | | | |
| Number of accompanying staff: | | | | | | | |
| | Numbe | Number of Number of | | Total | | | |
| | stude | | staf | | number | Cost (£) | |
| Accommodation required on | Female | Male | Female | Male | of beds | | |
| Monday night at £22 per person | | | | | | | |
| Attending the Conference at £8 per person | | | | | | | |
| Accommodation required on Tuesday night at £22 per persor | 1 | | | | | | |
| Total payable (please send a cheque payable to St. Clare's, Oxford) | | | | | | | |

Please list the names of students and staff overleaf.

If any students or staff from your school are willing to run a workshop, please indicate that. Please also any special needs (relating to mobility, or diet, etc.) are notified to us.

Then please return this form as soon as possible to:

| Keith Allen Vice-Principal | | |
|-------------------------------|--------|----------------------------|
| St. Clare's, Oxford | Tel: | 01865-552031 |
| 139 Banbury Road | Fax: | 01865-310002 |
| Oxford, OX2 7AL | Email: | keith.allen@stclares.ac.uk |

Please list all participants

| | Name | Male/Female | Staff/Student |
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Additional notes: