



Fairfax House  
YORK

# 2018 Symposium Registration Form

## Re-thinking the Genius of Grinling Gibbons

Friday 19 October 2018

*If you have any queries about registration or the event itself, please telephone Karina Williams (PA to the Director) on 01904 655543 or email [fairfaxhousesymposium@gmail.com](mailto:fairfaxhousesymposium@gmail.com) .*

*The deadline for registration is **Monday 15 October 2018**.*

*To take advantage of a reduced 'early bird' registration please register by **Monday 1 October 2018**.*

### DELEGATE DETAILS

Title	First name(s)	Last name
Organisation or institutional affiliation		
Position/Job title		
Please indicate here <u>exactly</u> how you want your name to appear on your delegate badge		

### CORRESPONDENCE ADDRESS & CONTACT DETAILS

Address line 1		
Address line 2		
Town/city	County	Postcode
Email address		Telephone or mobile number

Please indicate by ticking the appropriate box below if you are willing for your name, position, organisation and email address to be included in the delegate list, which will be distributed to all attendees. Leave both boxes blank if you do not wish your details to be made available in this way to other colloquium participants.

I am happy for my **name, position** and **organisation** to be added to the delegate list

I am happy for my **email address** to be added to the delegate list

## REGISTRATION

A discounted early bird rate is available for registrations received on or before **Monday 1 October 2018**. After this date the full fee applies.

Delegate category	Early Bird Registration (please select)	Standard Registration (please select)
Standard	£45.00	£50.00
Student	£20.00	£25.00
Friends of Fairfax House	£40.00	
Centre for Eighteenth Century Studies Staff	£40.00	
2-course hot buffet lunch	£12.95	
<b>Total Amount:</b>	<b>£</b>	<b>£</b>

## MEALS

The registration fee for the Symposium includes morning and afternoon coffee or tea and an evening drinks reception at Fairfax House. There is also an optional extra of a 2-course hot buffet lunch at the Hilton. Please indicate any particular dietary requirements below.

Vegetarian

Dairy-free

Gluten-free

Allergy (specify below)

Other requirements  
(please specify)

## PAYMENT

Payments can be made by cheque and enclosed with this form, or by credit or debit card. Please complete the section below to indicate your payment method and return to:

**Fairfax House Symposium, Fairfax House, Castlegate, York, YO1 9RN.**

Enclosed is a cheque made payable to **Fairfax House**.

Or charge to:  Debit/Credit card \_\_\_\_\_

Security No. (3 digits) \_ \_ \_ Start Date: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Address: \_\_\_\_\_

(If the address to which this card is registered is different from the above address, please include here.)

Signed	Date
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**PLEASE NOTE THAT REGISTRATIONS FOR THE SYMPOSIUM WILL ONLY BE ACCEPTED IF SUBMITTED USING THIS FORM.**

## ADMINISTRATION USE ONLY

Passed for payment	Confirmation sent	Notes