## **Bubbles in Food 2:**

Novelty, Health and Luxury

11<sup>th</sup>-13<sup>th</sup> September 2006, Windermere, UK

## **Registration Form**

## **Registrant details**

Prof/Dr/Mr/Mrs/Ms/Miss (delete as applicable)	First Name:	
Surname:	Preferred Name on Badge:	
Job title:		
Company/Organisation:	-	
Address:		
Zip/Postcode:	Country:	
Tel:	Fax:	
Email:	Nationality:	
Special requirements ( <i>e.g.</i> medical, dietary):		
Signature of registrant:		
Student Certification		
Institution:		
Course:	Student Registratio	n Number:
Supervisor:	Signature of Supervisor:	
In addition, please send documentation demonstrating sta		
Conference fees*		
		Tick one
Early Bird (before 30 <sup>th</sup> June 2006)		£395 🗆
Standard (from 1 <sup>st</sup> July 2006)		£435 🗖
Exhibitor (including registration for 1 person)		£600 🗆
Student**		£200 🗆
Total	-	
*Registration includes delegate pack, lunches, refreshm but does <b>not</b> include accommodation. Delegates are resp **Student registrations include all of the above except a	oonsible for arranging a	nd settling their own accommodation.
I wish to pay: by cheque (made payable to "Th	e University of Man	chester") $\Box$ ; or by credit card $\Box$
Credit card details (we do not accept paym	ient by American Ex	press or Diners Club)
	•	Expiry date (mm/yy):/
Card No.		(Switch cards):
CVC Number (Last three digits on signature str		
Card Holder's Name:	•	
Contact Telephone Number:		
Card Holder's Address:		
	Pe	ostcode/Zip:

Please email, fax or post with payment to:

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