

## REGISTRATION FORM

Title: Professor / Dr / Mr / Mrs / Ms / other..... Family Name .....

Given Name .....

Address .....

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Postcode ..... Country .....

Telephone .....

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E-mail .....

I enclose a cheque for € ..... for the Registration Fee.

I would like to present a workshop / paper / poster / panel\* session in the conference sub-theme

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The provisional title of my presentation is .....

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My co-authors / co-presenters\* are .....

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I would like more information on travel / pre- and post-conference tours / hotels / other \* .....

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Please return this form to:

Professor David Turner  
School of Humanities, Law and Social Sciences  
University of Glamorgan  
Pontypridd  
CF37 1DL  
UK

emails: [registration@wef-gb.org.uk](mailto:registration@wef-gb.org.uk)  
[info@wef-bg.org.uk](mailto:info@wef-bg.org.uk)

Tel: +44 (0)1443 482951  
Fax: +44 (0) 1443 482138  
email: [dturner@glam.ac.uk](mailto:dturner@glam.ac.uk)