

CLUB HEALTH 2008 IBIZA

23RD - 25TH JUNE 2008



REGISTRATION FORM

Deadline for Registration 16th June 2008

PERSONAL DETAILS

First Name _____ Surname _____

Position _____

Organisation _____

Address _____

Postcode _____ Country _____

Tel _____ Fax _____

Email _____

REGISTRATION FEE

Before 28th March 2008

Late registration

Full registration fee £230.00 / €330.00

£260.00 / €375.00

Student (Photo ID required) £170.00 / €250.00

£200.00 / €285.00

PAYMENT METHOD (please tick preferred payment method)

Cheque

Bank Transfer

Credit Card

If you are paying by **cheque**, please make this payable to **Liverpool John Moores University** and enclose it with this Registration Form.

If you are paying by **bank transfer** or **credit card**, please return this Registration Form and we will send you payment instructions upon receipt.

Return this form by post to:

Club Health 2008
Centre for Public Health, Liverpool John Moores University
Castle House, North Street, Liverpool L3 2AY, UK

Or fax to: +44 (0)151 231 4515
Or email to: k.e.hughes@ljmu.ac.uk

Confirmation of receipt will be issued by email or post

www.clubhealth.org.uk