

Registration Form	
Name	
Position / Department	
Organisation	
Address	
Telephone	Email
Fee: Number of student pl required (£150 each):	
For multiple applications from t	ne same institution, please give below the names of the additional people you are registering
Payment (please tick pre	eferred method)
I enclose a cheque for:	
Please debit my Mastero	ard / Visa card for: £ (please note we are unabe to accept Switch or AME
Card Number	
Security code	
Valid from	Name of coults later
Valid to	Name of cardholder

If paying by cheque, please return a hard copy of the completed form to The Conference Office (WDMP), Institute of Education, 20 Bedford Way, London WC1H 0AL.