

PLEASE PHOTOCOPY THIS FORM AS REQUIRED

*I/we would like to attendDate:

If paying for multiple attendees please insert the lead name below with details of others - name, organisation & membership number - at the bottom of this slip.

Name: Organisation:

Email: Tel:

Address:

..... Postcode:

Institute Membership No. (if applicable):

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 Tick this box if you require a VAT Receipt

I wish to reserve place(s) at the above seminar. I enclose my cheque for £ payable to "NSCA"

RETURN TO: ICAEW Northern, PO Box 101, Prudhoe NE42 9AQ

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