

# Module Registration Form

## Summer Schools

Personal Details:

Title: Mr  Mrs  Miss  Ms  Dr  Male  Female

Surname / Family:

Forename(s):

Address:   
  
 Postcode:

Email:

Date of birth:  /  /

Telephone (Daytime):

Telephone (Evening):

Provide a number that can be called in the event of cancellation / room changes

Ethnic Origin: Please tick as appropriate

- |  |   |
|--|---|
| <input type="checkbox"/> (10) White British                        | <input type="checkbox"/> (34) Chinese                         |
| <input type="checkbox"/> (21) Black or Black British Caribbean     | <input type="checkbox"/> (39) Other Asian Background          |
| <input type="checkbox"/> (22) Black or Black British African       | <input type="checkbox"/> (41) Mixed - White & Black Caribbean |
| <input type="checkbox"/> (29) Other Black Background               | <input type="checkbox"/> (42) Mixed - White & Black African   |
| <input type="checkbox"/> (31) Asian or Asian British - Indian      | <input type="checkbox"/> (43) Mixed - White & Asian           |
| <input type="checkbox"/> (32) Asian or Asian British - Pakistani   | <input type="checkbox"/> (49) Other Mixed Background          |
| <input type="checkbox"/> (33) Asian or Asian British - Bangladeshi | <input type="checkbox"/> (80) Other Ethnic Background         |
|  | <input type="checkbox"/> (90) Not Known                       |

Do you have any disabilities or special needs?

Do you have any dietary requirements?

If you do not wish to be included on our database to be informed of future summer schools and courses please tick

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Register me for:

(please tick)

Shakespeare: and the company he keeps	11th-15th July	£320	<input type="checkbox"/>
Portrait Drawing and Painting	11th-15th July	£350	<input type="checkbox"/>
Pre-Raphaelite Art and Design	25th-29th July	£320	<input type="checkbox"/>
Creative Writing: in your own words	25th-29th July	£320	<input type="checkbox"/>
Drawing and Painting	25th-29th July	£275	<input type="checkbox"/>
Exploring English Country Houses	1st-5th August	£350	<input type="checkbox"/>
Warwickshire Landscapes	1st-5th August	£320	<input type="checkbox"/>

Total:

Payment method:

I enclose a cheque/Postal Orders to the total value above:  
(Cheques should be made payable to 'University of Warwick')

Please debit my credit/debit card with the total value above:

Card number:

Valid From:  /  Expiry Date:  /  Issue No:  /

Card type (delete as appropriate) Visa / Mastercard / Delta / Switch  
Security Code - Important - Please write the last 3 digits, printed on the signature strip on the reverse of the card, in the boxes at the foot of this form.

Please invoice my employer; I have enclosed a purchase order or a letter from my employer agreeing to meet the cost of the course(s), (which includes full address and contact details of where to send the invoice).

Where did you hear about the summer school programme:

- |   |  |
|---|--|
| <input type="checkbox"/> Internet – please state which site                       | <input type="checkbox"/> Email/letter from University– please state which publication: |
| <input type="checkbox"/> Brochure – please state where you picked up the brochure | <input type="checkbox"/> Newspaper advert – please state which publication:            |
| <input type="checkbox"/> Postcard please state where you picked up the card       | <input type="checkbox"/> Other – Please state:   |
| <input type="checkbox"/> Word of mouth  |  |

By sending in this form we will assume you have agreed to our terms and conditions. For terms and conditions please visit [www2.warwick.ac.uk/study/cll/open\\_courses/summer\\_schools/booking\\_terms](http://www2.warwick.ac.uk/study/cll/open_courses/summer_schools/booking_terms)

Please detach and return to:

Centre for Lifelong Learning,  
The University of Warwick, Coventry CV4 7AL

Security Code – (Required for all credit/debit card payments)