7th International Conference on Case-Based Reasoning 13th – 16th August 2007

To register, please fax or mail this form with payment by 22^{rd} July to:

Name:	Prof	Me	Mr	Last/Family Name	First Name	MI
	v			Lust/1 amily Ivame		1711
•	•	•			E-mail:	
Do not inc	ude my na	me, ma	iling/e-m	ail address, phone and fax	numbers on the attendee list.	
	all technica Early Re Early Re	l sessio gistratio gistratio	ns includ on (16/07 on (16/07	ing workshop and Industry or before): £240.00 or before): £140.00	udes a copy of the conference and wor y Day, coffee-breaks, conference banque Late Registration: (up to 22/07): Late Registration: (up to 22/07):	et and reception. £290.00
Industry d Entry to Indus	stry day is	includeo	l in regist	tration fee		
WORKSH Please tell us	`	U	,	ing to attend in order to es	timate occupancy:	
CBR and C	ontext-Aw	areness	Cl	BR in the Health Sciences	• •	
EVENTS:						
Conference di	nner:#		of additio	l guests. £25.00 each. onal guests. £35.00 each.	Total extra reception: £00 Total extra dinner: £00	
•				Bus tour of Belfast (http://	//www.belfastcitysightseeing.com/)	
	of tickets.				Total bus tour: £00	
☐ Please tick	if you requ	iire a ve	getarian 1	meal		
TOTAL PA		_		_		
£30 process	ing fee. W	here c	ancellat	received at the above actions are received less 0% will be charged.	ddress before the 22 nd July. Refun than 7 days before the commen	ds are subject to a cement of the
Any other spe	cial requir	ements.				

METHODS OF PAYMENT

Note. Cheques should be made payable to the "Unive	ersity of Ulster" and crossed. Cheques can onl	y be accepted if in Sterling or Sterling Draft.							
If you wish to be invoiced please supply the following	ng information including exact address for	invoice:							
NAME: (Mr/Mrs/Miss/Ms) Order Number:									
ORGANISATION:									
ADDRESS:									
POS	ST/ZIP CODE: TELEI	PHONE NO:							
CREDIT CARDS:									
Payment may be made by VISA or MASTERCARD only. If you wish to pay by credit card please complete the following in full: Note there is an administration fee of 1.7% if paying by credit card.									
Charge to my credit card: VISA	☐ MASTERCARD ☐								
Credit card number:									
Name on card: Expiry Date:									
Address (if different from above):									
The conference for and completed emplication form should be returned by 22 nd July 2007 to									
The conference fee and completed application form should be returned by 22 nd July 2007 to:- Mrs. Sharon Adams, Continuing Professional Development Unit, University of Ulster at Jordanstown, NEWTOWNABBEY, Co Antrim, BT37 0QB									
Northern Ireland	plinent out, ourversity of dister at Jordans	Stown, NEW TOWNABBET, CO Antilin, B137 0QB							
Tel No: 028 9036 6680 F	Fax No: 028 9036 6060								
Tel No (International): +44 (0)289036 6680	Fax No (International): +44 (0)28 9036 6060 Email: cpdu@ulster.ac.uk								
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