

Attendee details

Please supply enough detail to ensure that we can contact you efficiently,
and as much additional information as you are happy for us to hold about you.
Apart from your full name, we only need details that you have not supplied to us before.

Title (Dr, Mr, Mrs, etc)		
First Name		
Family Name		
Distinctions		
Address		
Town		
County		
Postcode		
Office Telephone		
Home Telephone		
Mobile Telephone		
Email		
Alternative email		
RPS member?	<input type="checkbox"/>	(enter RPS Membership Number, or, if not known, just tick if a member)
RPS DIG member?	<input type="checkbox"/>	(enter your DI Group Region, or, if not known, just tick if a member)
Season Ticket?	<input type="checkbox"/>	(tick if you have already applied for a 2010 Season Ticket)
First visit?	<input type="checkbox"/>	(tick if yes)
Photographic club(s) of which you are member?		
I consent to the RPS Digital Imaging Group Thames Valley holding my personal data, which it will use solely for Group purposes	Signed:	
	Date:	