

**SCOTTISH ASSOCIATION FOR LANGUAGE TEACHING
CONFERENCE BOOKING FORM
November 4, 2006**

STUDENTS

*Please read the notes overleaf before filling out this form.
Complete in **BLOCK CAPITALS** except for the email address.*

Name:			
Institution:		Sector: P/S/SEN/FE/HE/LA	
Institution address:		Home Address (optional):	
Postcode:		Postcode:	
Telephone No:	<i>Work:</i>	<i>Home:</i>	<i>Mobile:</i>
Email address (for confirmation of booking):			
1. I am a member of SALT and I enclose a cheque for £16 <input type="checkbox"/> SALT membership number, (this always appears on address labels): _____ I am applying to join SALT <input type="checkbox"/>		2. I am not a member of SALT and I enclose a cheque for £18 <input type="checkbox"/>	

I would like to go to the following three seminars (please refer to page 10 of the Conference booklet and enter the appropriate seminar **number**):

	SESSION 1	SESSION 2	SESSION 3
1 st choice			
2 nd choice			
3 rd choice			

Signed _____

Date: _____

Please return this **form** with your **cheque** by ***Wednesday, 11 October 2006***

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