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ROYAL INSTITUTE OF NAVIGATION

**Booking Form** ***A Sense of Direction conference, 6-7 May 2010***

Please complete in BLOCK CAPITALS and return to:
**Mrs Janet Norton, Research Administrator**
**National Maritime Museum, Greenwich, London, SE10 9NF**
Tel: **+44 020 8312 6716** Fax: **+44 020 8312 6592** E-mail: **research@nmm.ac.uk**

Title.....First name.....Surname.....

Company/organization.....

Address.....

.....Postcode.....

Tel.....Fax.....

E-mail.....

**Optional Morning Tours**
Please tick if you would like to attend the following optional tours on 6 May (limited places available: first come first served and booking required):

_10.30 Navigational Instruments in the Royal Observatory Stores (45 mins)
_10.30 Horology Conservation Workshop (H2 repairs), Royal Observatory (45 mins)

_11.30 Navigational Instruments in the Royal Observatory Stores (45 mins)
_11.30 Horology Conservation Workshop (H2 repairs), Royal Observatory (45 mins)

**_ Please tick if you have any special access requirements or dietary needs**
(Please give details on separate sheet)

**How did you hear about this conference?**
_ mailing _ advert _ internet _ other (please specify) _____

**_ Please tick if you would like to receive information on our conference and seminar programmes by e-mail or post.**

**Full fee: £20 (no concessions)**

**Payment**
_I enclose a cheque drawn on a UK bank in pounds sterling payable to National Maritime Museum/ CONF (inclusive of VAT) for the sum of £……
_I authorize you to debit my Mastercard/Visa (please indicate) for the sum of £.....……
Card number :

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Expiry date :

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Name and address of credit card holder (if different from above)

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Signature.....Date.....