BOOKING FORM

	t £50 each: nnah MacInnes in conversati	on with William Boyd, plus a talk from Professor Heald and do not
include dinner.		
Title:	Forename:	Surname:
Address:		
Date of birth: /	/ Tel no:	
Email address:		
Guest name(s):		
Payment options:		
I enclose a cheque f	or £ made	payable to the Pelican Cancer Foundation.
	via BACS to: Account eference: 25AD& <i>payee su</i>	name: Pelican Cancer Foundation CAF Account no: 00022375 urname.
I authorise Pelican (Cancer Foundation to de	bit £ using the account details given below:
Name on card:	Card no:	/ / /
Issue no (Maestro o	nly): Valid fro	m: / / Expiry date: / / CSV no:
Signed:		Date: / /