***SALT***

***Annual Conference Promoting Excellence***

***University of Strathclyde - Saturday 2nd November 2013***

Title: …….. Surname: ………………………………… Forename:……….………………………..

Organisation: ………………………………………………………………………………..…………….

Address: ……………………………………………………………………………………………..……

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Email address for future correspondence…………………………………………………………………………………………..

Telephone number: ……………………………………………………………………………………….

**Special Needs/Dietary Requirements:**

If you have any dietary or accessibility requirements, please detail below:

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**Conference Fees -** Please select relevant amount:

|  |  |  |
| --- | --- | --- |
| **£50** | **SALT Member** |  |
| **£75** | **Non-SALT Member** |  |
| **£22** | **Student** |  |

I enclose a cheque made payable to the University of Strathclyde for £\_\_\_\_

OR Send an invoice to the address below:

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**Please send completed application form to**:

Claire McConnell

Research & Knowledge Exchange Team

University of Strathclyde

Level 3 Lord Hope Bld, 141 St James Road, Glasgow, G4 0LT

*Tel No: 0141 444 8417 or Fax No: 0141 444 8893*

*or email s*c*anned form to* claire.mcconnell@strath.ac.uk