



The International Spiritualist Federation
31st Congress Week
14th August – 21st August 2010



To be held at
University of St. Andrews, Fife, KY16 9AD Scotland

Application Form

(Please complete a separate Application Form for each person)

Member			Single Room Supplement	Non Member		
Cost	Deposit	Final Payment	<input type="checkbox"/>	Cost	Deposit	Final Payment
£580	£60	£520	£30	£630	£60	£570

Name	Male	Female
Address		
	Tel	
Country	Email	
Membership Number		

Room Requirements	<input type="checkbox"/> Double	 Please note no twin rooms If you would like a room next to someone please indicate below	<input type="checkbox"/> Single	 Disabled
If you have booked a double room with whom would you like to share it?				

Dietary requirements	Vegetarian <input type="checkbox"/>	Meat <input type="checkbox"/>	Vegan <input type="checkbox"/>
Special requirements			

Group requirements	Please indicate what group's you would like to go into e.g. 1 = 1 st option 2 = 2 nd , 3 = 3 rd , 4=4 th Please indicate what level you are at by marking an "x" on beginners, intermediate or advanced					
	Trance <input type="checkbox"/>	Physical <input type="checkbox"/>	Mental Mediumship <input type="checkbox"/>	Healing <input type="checkbox"/>	Psychic Art <input type="checkbox"/>	
Beginners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name to be written on your badge: (E.g. If your name is William Smith do you want to be called Bill Smith?)

Terms Please note the deposit is non refundable, balance due by 30 th June 2010 Cancellation after this date will make you liable to pay the total charge in full. You are strongly advised to take out your own insurance to guard against this possibility
Signature _____ Date _____

Please return Booking form to

ISF Bookings 116 High Street, Garlinge, Kent CT9 5LP. England Tel: 0044(0)1843 835534

A receipt and reminder of next payment due date will be sent upon receipt of payment and booking form

PAYMENTS

Electronic Transfer: If paying by electronic transfer please enclose copy of payment with your form.

GB19 MIDL 40050791126938 BIC MIDL GB2141M

Cheque: Payable to: I.S.F

Credit Cards: Please telephone Bill Parkins ISF Treasurer Tel:0044(0)1438 236753



Mastercard visa, Visa Electron (non UK), Visa electron (UK Issued),
Mastercard Debit, Visa Debit, Maestro (UK Issued), Solo