

## Responsibility to the Story

### Delegate Registration Form

Title ...	First Name .....	Surname .....
Institution .....		
Address .....		
.....		
.....		
Postcode .....		
Email .....		
Attendance	Waged	Unwaged/Student
	<input type="checkbox"/> £70	<input type="checkbox"/> £30
Payment Method    Invoice/Cheque enclosed <small>(delete as appropriate)</small>		
Invoice address If different from address above:		
.....		
.....		
<b>Payment must be made prior to attending the conference.</b> Failure to do so may result in registration withdrawal.		

Special Dietary requirements .....
Special Needs .....
Signed .....

**To register, please send the completed form, with payment, to:**

Judith Pink  
Centre for Human Rights  
University of York  
Heslington  
York  
YO10 5DD  
United Kingdom

Fax: +44 (0)1904 434305  
Tel: +44 (0)1904 434398  
Email: [jkp2@york.ac.uk](mailto:jkp2@york.ac.uk)