

BOOKING FORM

The Society for Old Testament Study

**SUMMER MEETING 19th – 22nd July 2010 followed by the
AILEEN GUILDING CONFERENCE 22nd -23rd July 2010
THE EDGE, ENDCLIFFE, SHEFFIELD**

Please send the completed form together with payment to the SOTS Hospitality Secretary, Elizabeth Harper, Flat 4, 69-70 Crossgate, Durham, DH1 4PR. (Please use ordinary mail not registered post). Places may be reserved by email to e.a.harper@dur.ac.uk with payment to follow by post. Note that bookings must be received by Thursday 24th June 2010; no bookings can be accepted after that date. Electronic acknowledgements will be made to those who supply an email address.

A. PERSONAL DETAILS

Name (in block letters):

Address:

.....

.....

Telephone:

E-mail:

I am a Member of the Society for Old Testament Study.

I will be representing the following Publisher at the Meeting:

.....

I am neither a Member of the Society nor a Publisher's Representative, but I provide the details of a Member of the Society (or other appropriate person e.g. Supervisor) who is willing to act as Referee for my aspiration to attend the Meeting:

Referee's Name:

E-mail:

This is my first SOTS Meeting.

I require a receipt prior to the Meeting and I enclose a stamped self-addressed envelope.

I would like a receipt emailed to me at the above email address prior to the Meeting.

I have the following special requirements (e.g. dietary constraints e.g. vegetarian/ kosher, mobility difficulties etc.):

.....

.....

B. PARTICIPATION DETAILS

*In the prices listed here **the first figure (italics) is the discount price for bookings received by Thursday 27th May 2010.** Bookings received between Friday 28th May and **Thursday 24th June** will be subject to the second price listed. No bookings can be accepted after the latter date.*

- SOTS MEETING ONLY** (Monday 19th July 4pm – Thursday 22nd July 9am)
 - Resident Package Price Standard Room (shared bathroom facilities) £183.00 / £201.00
All meals, sessions and accommodation in a standard room with shared bathroom facilities.
 - Resident Package Price En-suite Room (shower and toilet) £214.00 / £235.00
All meals, sessions and accommodation in room with small private bathroom facilities.
 - Low Income Resident Package Price (Standard Room) £120.00 / £132.00
The Low Income package rate is for members of the Society (or graduate students seriously considering membership) who are on minimal incomes, or from disadvantaged countries. Those claiming this package will be invited to help with minor duties during the Meeting.
 - Non-resident Package Price: £105.00 / £115.00
This includes all sessions, lunches, dinners, tea and coffee but no accommodation
 - Sessions only Package Price: £30.00 / £33.00
This includes all sessions, tea and coffee but no accommodation or meals
- Outing to Haddon Hall (<http://www.haddonhall.co.uk/home.htm>)..... £14.00
- SOTS MEETING + AILEEN GUILDING CONFERENCE** (19th July 4pm – 23rd July 9am)
These subsidised prices are made possible through a legacy left to SOTS by Aileen Guilding.
 - Resident Package Price Standard Room (contents as above): £218.00 / £240.00
 - Resident Package Price En-suite Room (contents as above): £260.00 / £286.00
 - Low Income Resident Package Price (see above for eligibility)..... £155.00 / £170.50
 - Non-resident Package Price (contents as above): £120.00 / £132.00
 - Sessions only Package Price (contents as above): £42.00 / £46.00

ITEMIZED PRICES are available on request. Please obtain prices by email or phone before returning.

C. PAYMENT DETAILS

*Please pay by cheque if possible (credit-card payments create extra costs, so it is helpful if **only members without British cheque accounts use credit cards**). Cheques should be made payable to 'The Society for Old Testament Study'. **Please pay the full amount** if possible but, if necessary, a non-returnable booking fee of £30 will be accepted by cheque, with the balance payable on arrival.*

I enclose a cheque for £....., being the full amount/ booking fee for person(s), in accordance with the options I have selected in Section B.

Please charge my credit card £..... (= the total in Section B + **£1 handling charge**), being the full amount for person(s).

Card number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry date

--	--	--	--

 Security Code:

--	--	--

 MasterCard Visa

Print name as it appears on card:

Cardholder's address:

Signature: Date: