CSARN
CITY SECURITY AND RESILIENCE NETWORKS

CSARN / Cyber Security
Friday 26 March 2010 / MANCHESTER

Return this registration form by fax to: +44 (0) 8707 621 726 or post to CSARN Ltd, Suite C1 Paper Mews, 290 High Street, Dorking, RH4 1QT, UK or email to: mail@csarn.org or telephone: +44 (0) 1306 876 856

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Prefix _____ **First Name:** _____ **Last Name:** _____

Job Title: _____

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☐ CSARN Member — FREE / Membership Number _____

☐ Delegate Rate — £49 + VAT

Comments _____

_____

☐ Please invoice my organisation as per the billing address above

☐ I will be paying by Bank Transfer

☐ Please charge my Credit Card

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Bank Account Number: 38595990
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IBAN Code: GB40NWBK60070238519879
Swift Code: NWBKGB2L
Account Beneficiary Name: CSARN Ltd

Credit Card number _____

3 digit security code on back of card _____ Valid from _____ Expiry date _____

AMEX _____

4 digit security code on front of card _____ Expiry date _____

Submit form via email OR **Print and fax back**

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