

THA London Event at Trinity House

Thursday 25 March 2017

Name:	Matriculation Year:
Addres	
	Postcode:
Teleph	one: Email:
	I would like to attend the event
	Guest Name (if applicable):
Cost:	£25.00 per head £12.50 per head for alumni who matriculated in 2007 or later
	I enclose a cheque for f_{cheq} payable to 'Trinity Hall Association '
	I wish to make a payment of <i>£</i> by payment card <i>(please complete the card payment form)</i>
	return to: i Office, Trinity Hall, Cambridge, CB2 1TJ
Altern 01223	atively, bookings can be made by phone. Please call: 332550
	n ail enquiries, please email: office@trinhall.cam.ac.uk



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□ I will pay by credit card, and my card details are as follows (please fill in all fields):		
The card is a Visa/MasterCard/Maestro/Delta (delete as appropriate)		
Card number: / / / / / /		
Card valid from: / Card expires: /		
3 digit security number found on the reverse of the card:		
Maestro issue number (if applicable):		
Amount to debit card: £		
Cardholder's signature:		
Card holder's details:		
*Required fields		
*Name:		
*Statement Address:		
*Postcode: Country:		

1998 Data Protection Act

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For office use only:

Date Received: ___ / ___ / 20____