

## Reply Slip - Trinity Hall Association Annual Dinner Saturday 28 September 2013

Name & Year			
Addre	ess		
	Postcode		
Conta	act email/ tel. number:		
	I would like to attend the THA AGM @ 6.15pm		
	I would like to attend the Annual Dinner		
	Guest Name (if applicable)		
Dietary Requirements:			
	I would like room(s) in College (Central Site: £34.50 B&B – not en suite)		
	I would like room(s) in College (Wychfield: £45.50 B&B – en-suite – breakfast served on Central Site)		
(Dinner £48 per head for 2004 & earlier, £38 per head for 2005 & younger)			
	I enclose a cheque for £payable to "Trinity Hall Association"		
	I wish to make a payment of £ using the following payment card:		

Please return, no later than Monday 9 September 2013, to: Alumni Office, Trinity Hall, Cambridge, CB2 ITJ, email: events@trinhall.cam.ac.uk. Alternatively, bookings may be made by phone – please call 01223 332555

## 1998 Data Protection Act

All data is held securely in the College's Alumni & Development Office and will be treated confidentially and with sensitivity for the benefit of Trinity Hall and its members. Selected data is available to the University, and occasionally to recognised alumni societies and volunteers, College Clubs, and agents contracted by the College for specific alumni-related projects. Data is used for a full range of alumni activities, including sending of College publications, the promotion of benefits and services to members, the notification of members' events and the raising of funds for Trinity Hall, all of which might include an element of direct marketing. Under the terms of the 1998 Data Protection Act you have the right to object to the use of your data for any of these purposes.



## Card Payment Form - Trinity Hall Association Annual Dinner Saturday 28 September 2013

I will pay by credit card, and	d my card details are as follows (please fill in all fields):	
The card is a Visa/MasterCard/N	Maestro/Delta (delete as appropriate)	
Card number: /	//	
Card valid from: /		
3 digit security number found or	n the reverse of the card:	
Maestro issue number (if applica	able):	
Amount to debit card: £		
Cardholder's signature:		
Card holder's details:  *Required fields		•
*Statement Address:		
	Country:	
*Telephone:	Email:	
<b>Please return, no later tha</b> Alumni Office, Trinity Hall, C Email: events@trinhall.cam.ac 01223 332555	•	
For office use only:		
Date Received		•
Time call taken (for telephone p	payments)	