

**REGISTRATION FORM**

**Details**

\*Please complete a separate form for yourself and each of your guests

Title & full name: …………………………………………………….............................

Nottingham qualification(s) & year(s): …………………..……………………………….

Current business organisation: …………………………………………………………..

Job title: ……………………………………………………………………………………..

Email: …..…………………………………………………………………………………...

Tel. No.(Home/Mobile):…………………………………………………………………….

**Choice of menu/dietary requirements**

\*Please tick menu preference and tell us about any specific dietary requirements

o Vegetarian

o Non Vegetarian

Other dietary requirements: ……………………………………………………………………………………………

Kindly make the [payment](https://epay.nottingham.edu.my/) (at the drop down menu, choose ‘School of Pharmacy alumni dinner’ option) & send us the proof of payment along with yourregistration form to alumnirelations@nottingham.edu.my for us to reserve your seat/s. Refer to Appendix 1 for table arrangement.

For further information, contact the Alumni & Donor Relations Office by email on alumnirelations@nottingham.edu.my or by telephone on 03-89248305 or 03-87253665.

All information is held securely on the University’s central database and will be treated confidentially and with respect in accordance with the Data Protection Act 1998. Unless you tell us otherwise the data may be used for events programmes, alumni activities involving academic and administrative departments, fundraising programmes and for the promotion of benefits and services, which may involve an element of direct marketing. The data will not be disclosed to any external organisations, other than those acting as agents of the University. This may include organisations such as the Higher Educational Survey Agency (HESA).

If you do not wish your information to be used in this way please write to the Campaign Office or email DatabaseEnquiries@nottingham.ac.uk.

Appendix 1: Table Name List.

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| **Name** | **Year of Graduation** | **Telephone Number** |
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