Member’s Full Name and Title…………………………………………………………….......

Matriculation Year…………………………………Subject…………………………...............

Address……………………………………………………….....................................................

……………………………………………………

Email address……………………………………………….. Tel no……………………….

Partner’s/Guest’s Name (if attending)…………………………………………………………

Dietary Requirements……………………..……………………………………..……….……

…………………………………………………………………………………………………

Seating/Access preferences……………………………………………………………………

Booking per person (one guest only, please) Persons

**Dinner only** on Saturday night (price includes wines): £67.50 pp ……….

**Dinner and accommodation in College** on Saturday night: £122.50pp ……….

**Accommodation** (Friday and Saturday nights) **with Reunion Dinner** on Saturday: £177.50pp .……….

NB If you matriculated (started in College) in 2012 and after, please reduce the total sum below by £20.

Total enclosed: ……….……….

We are unable to accommodate Members in specific rooms but we will endeavour to meet special requests as far as possible.

Any special bedroom requirements…………………………………………………………

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Please send this form with a cheque made payable to ‘**The St Catharine’s College Society**’, to this address: **The Conference Office, St Catharine’s College, Trumpington Street, Cambridge, CB2 1RL**

Please send by **2nd September 2022**. Thank you.