



**UNIVERSITY CAMPUS SUFFOLK BURY ST EDMUNDS GRADUATION CEREMONY  
SATURDAY 25 SEPTEMBER 2009**

**REPLY FORM**

Name.....  
Address.....  
.....  
Postcode.....  
Contact telephone number.....  
Email.....  
Course.....

**Please delete as appropriate**

I shall / shall not be attending the Graduation Ceremony  
Number of guest tickets (**maximum 2**).....  
I enclose a cheque made payable to *West Suffolk College* for ..... (£15 per ticket)  
Please note any special dietary requirements .....  
.....  
Please note any assistance you need in accessing the Ceremony  
.....

PLEASE RETURN COMPLETED FORM AND PAYMENT TO:

UCS OFFICE  
WEST SUFFOLK COLLEGE  
OUT RISBYGATE  
BURY ST EDMUNDS  
SUFFOLK  
IP33 3RL

Many thanks

We will hold the details you provide in our database for marketing purposes and may e-mail or text you details of the College activities. If you do not wish to receive any e-mails or text messages from the College, please tick the box.