

UK Town and Gown Association Limited

Webinar Registration Form

This form will ensure that you have secured your place at your chosen webinar. Confirmation will be sent once both the order form and new customer form (if applicable) has been received.

If you have any queries, please email info@uktga.org.

Section One: Contact Details

Full Name:	
Job Title:	
Institution/ Organisation:	
Email:	
Mobile/ Telephone Number:	

Section Two: The Delegate(s)

Please list all the attendees you wish to book in:	
Full Name	Email

Section Three: Webinars

Which Webinar would you like to attend?
November – Wednesday 26th 12.30pm-1.30pm <i>Stitch, Botch, and Build: Navigating Town and Gown Challenges at Move-In</i>
December – TBC <i>The Renters Right Act: What It Means for the Private Rented Sector and Town & Gown Partnerships</i>
January – Tuesday 13th 12.30pm-1.30pm <i>Beyond Campus: NTU's Collaborative Model for Student Welfare and Safety</i>
February – Wednesday 11th 12:30- 13:30 <i>Engaging Communities And Neighbours In Your University's Strategic Plan</i>
March – Wednesday 11th 12:30-13:30 <i>'University partnerships and their implications for town–gown relationships.'</i>
April – Wednesday 15th 12.30pm-1.30pm <i>How can universities work ethically and collaboratively with local communities to address pressing social and environmental challenges?</i>
May – Wednesday 13th - 12.30pm-1.30pm <i>State of the Town & Gown Profession: First Findings from UKTGA's 2025–26 Study</i>

○ Section 4: Payment

How would you like to pay?

BACS

Secure online payment link

Telephone (credit/ debit card) – Monday to Friday 8am to 12pm.

(If you are unable to get through, please call again or email the SU Finance Team finance.su@manchester.ac.uk for an appointment.)

Does the invoice need to include a purchase order number?

No

Yes – please include a copy or provide one here _____

Have you previously paid the UKTGA Limited?

Yes – please return this form to info@uktga.org.

No – please complete the New Customer Form on the next page

NEW CUSTOMER FORM

COMPANY DETAILS
COMPANY NAME:
DELIVERY ADDRESS:
POST CODE:
TELEPHONE:
CONTACT EMAIL:
FINANCE CONTACT:
FINANCE CONTACT EMAIL:
FINANCE TELEPHONE:
COMPANY REG NUMBER:
CHARITY NUMBER:
COMPANY VAT NUMBER:

OFFICE USE ONLY
FORM RECEIVED BY:
DATE PROCESSED:
CUSTOMER ACCOUNT NUMBER:

WE REQUIRE OUR CLIENTS TO PAY WITHIN 30 DAYS FROM DATE OF INVOICE.
SIGNATURE:
NAME:
POSITION:
DATE:

CLEAR FORM



SUBMIT FORM

