

# 14<sup>th</sup> Annual BMFMS Conference Registration and Accommodation Booking Form

Thursday 10<sup>th</sup> – Friday 11<sup>th</sup> June 2010, The Sage Gateshead, UK

Please complete clearly and in **BLOCK CAPITALS**

Last/Family Name: ..... First Names: .....

Prof/Dr/Mrs/Mr/Ms etc: .....  Male  Female

Speciality: ..... Grade: .....

Work Address\*: .....

City: .....

Post Code: ..... E-mail\*\*:

Business Tel. No: ..... Fax No: .....

*\*NB: Your work address will be used for correspondence. If it is not appropriate please advise us, in a covering letter, of an alternative address.*

*\*\* NB: It is important that you provide an email address so that notification can be sent to you when final details of the conference are available on the website.*

**Registration Fee** Please tick (✓) relevant box and complete payment section  
 Note: To qualify for the Member rate you should have completed a Membership Application Form and paid the annual subscription

On or before 31 <sup>st</sup> March 2010		On or After 1 <sup>st</sup> April 2010		Payment
<input type="checkbox"/> Clinician - Member	£376.00	<input type="checkbox"/> Clinician - Member	£398.00	£
<input type="checkbox"/> Clinician - Non Member	£425.00	<input type="checkbox"/> Clinician - Non Member	£440.00	£
<input type="checkbox"/> Non Clinician - Member	£193.00	<input type="checkbox"/> Non Clinician - Member	£215.00	£
<input type="checkbox"/> Non Clinician - Non Member	£220.00	<input type="checkbox"/> Non Clinician - Non Member	£236.00	£
<input type="checkbox"/> Day Registration £236.00		Please tick (✓) which day: <input type="checkbox"/> Thursday 10 <sup>th</sup> June <input type="checkbox"/> Friday 11 <sup>th</sup> June		

Accommodation	Bed & Breakfast rate per room, per night		Arrival Date	Departure Date	No. of Nights	Payment
Hilton Newcastle Gateshead	Double/Twin	£120.00 single occupancy				£
	Double/Twin	£130.00 double occupancy				£
Jurys Inn Newcastle	Double/Twin	£77.00 single occupancy				£
	Double/Twin	£85.00 double occupancy				£

<b>BMFMS Society Reception and Dinner</b>	The Society Reception and Dinner - Thursday 10 <sup>th</sup> June 2010 .....ticket(s) @ £15.00 each	£
---	--	---

<b>TOTAL PAYMENT: Registration Fee, Society Dinner, Accommodation</b>	£
---	---

Delegate's Name: \_\_\_\_\_

<b>Meet the Experts Thursday 10<sup>th</sup> June</b>	<p>To assist with the planning of the conference please indicate, by ticking the relevant box, if you plan to attend one of the 'Meet the Experts' sessions below.</p> <p><input type="checkbox"/> <b>Outpatient induction of labour:</b> Dr Kirsty Dundas and Ms Julie Hogg</p> <p><input type="checkbox"/> <b>HIV/infection:</b> Dr Kate Harding, Professor Steve Green and Ms Sue Alston</p> <p><input type="checkbox"/> <b>Late termination:</b> Mr Bertie Leigh, Professor Donald Peebles, Ms Veronica Donovan</p>
<b>Dietary Requirements &amp; Access Needs</b>	<p>Vegetarian: <input type="checkbox"/> Other: <input type="checkbox"/> please give details.....</p> <p>Access needs: please specify e.g. wheelchair user, mobility difficulties, hearing impaired etc</p> <p>.....</p>

<b>Payment Details</b>	<p><i>Please tick (✓) relevant box. All payments to be in GB Pounds Sterling</i></p> <p><i>Registrations will <b>NOT</b> be accepted without payment</i></p>
<input type="checkbox"/> <b>By Cheque/Bank Draft</b>	Payable to ' <b>Hampton Medical Conferences re: BMFMS</b> ' and drawn on a UK bank.
<input type="checkbox"/> <b>Please deduct the total sum due from:</b>	<p><b>Credit Card:</b>    <input type="checkbox"/> MasterCard    <input type="checkbox"/> Visa    <input type="checkbox"/> American Express</p> <p><b>Debit Card:</b>    <input type="checkbox"/> Maestro    <input type="checkbox"/> Visa Delta</p> <p>Card No: _____ Expiry Date: _____</p> <p>Card Security Code: (last 3 digits of code on the back of the card) _____</p> <p>Cardholder's Signature: _____</p> <p><b><i>Please note credit card payments are subject to an additional charge (MasterCard, Visa &amp; Amex: 2.95%)</i></b></p> <p>Name, billing address (inc postcode) of the cardholder: _____</p> <p>_____</p> <p>_____</p> <p><b>Maestro only:</b>    <i>valid from date:</i> _____    <i>or issue no:</i> _____</p>

By returning your completed registration form you are agreeing to the terms and conditions of the conference, including credit card charges and any cancellation policies for registration fees and social events. You are also agreeing to your name and town being included on the list of participants that will be circulated at the conference and your email address being used by the Secretariat.

Hampton Medical Conferences may make your contact details available to selected third parties that may be of interest to you. If you do NOT want your details to be passed on, please tick here:

**Please return to:**  
**BMFMS (Conference Registration)**  
 Hampton Medical Conferences Ltd.,  
 113-119 High Street, Hampton Hill,  
 Middlesex, TW12 1NJ

*For credit/debit card payments only – fax: +44 (0)20 8979 6700*