

REGISTRATION FORM

Obstetric Anaesthesia 2012: Liverpool 23, 24 & 25 May 2012

OR Register online at www.oameetings.info for immediate confirmation and receipt by email

BLOCK LETTERS PLEASE:

Surname: _____

First Name: _____ Title: Prof/Dr/Mr/Mrs/Miss/Ms _____

Speciality and Grade: _____ GMC No (UK only) _____

Address: _____

Postcode: _____ Country: _____

Hospital (if different) _____

Tel no (hosp) _____ mobile _____

Email: _____

Special dietary requirements: _____

Accompanying guest (attending a Reception and/or Dinner):

Title: _____ First name _____Surname: _____

| | | Member* | | Non-Member | Amount |
|--|---------------------------------|-------------|------|--------------------|--------|
| Registration Fees | Consultant | 24 & 25 May | £375 | £405 | |
| | Trainee | 24 & 25 May | £285 | £305 | |
| | Midwife, Anaesthetic Nurse, ODP | 24 & 25 May | £195 | £195 | |
| Reception & Light Supper, Wednesday (Delegate) | | 23 May | £25 | £25 | |
| Reception & Light Supper, Wednesday (Guest) | | 23 May | £25 | £25 | |
| Annual Dinner, Thursday (Delegate) | | 24 May | £60 | £60 | |
| Annual Dinner, Thursday (Guest) | | 24 May | £60 | £60 | |
| <i>See website for Wednesday workshops</i> | | | | TOTAL DUE £ | |

PAYMENT - For security reasons credit card details should not be emailed

I enclose a cheque made payable to "OAA Meetings" for the total due

or

Please charge my credit card with the total due

VISA MASTERCARD DINERS AMEX MAESTRO

Cardholder's Name (as it appears on the card) _____

Card number

Maestro only Date valid from / Expiry date /

Card Security Code Maestro: issue number

last 3 digits (4 for Amex) of number printed on signature strip

Cardholder's Signature _____

Please return to: OAA Secretariat, PO Box 3219 Barnes, London SW13 9XR UK
Tel: +44 (0)20 8741 1311 Fax: +44 (0)20 8741 0611 email: registrations@oaa-anaes.ac.uk