

THE PREOPERATIVE ASSOCIATION ANNUAL CONFERENCE EAST MIDLANDS CONFERENCE CENTRE



12TH NOVEMBER 2009
Accredited with 5 CEPD Points



CONFERENCE REGISTRATION FORM

PERSONAL DETAILS

PLEASE WRITE CLEARLY IN BLOCK CAPITALS

Title* Surname*

First Name* Daytime Telephone

Address

..... Postcode.....

Email address.....

Title of post held (or other as applicable)*

Name of Hospital (if applicable)*

Dietary requirements.....

Any further requirements

***These details will be used on your conference badge, the attendance list and all conference literature.**

REGISTRATION FEES

Pre-op Member Rate** Membership No:	£170.00 <input type="checkbox"/>	Non- Member Rate	£225.00 <input type="checkbox"/>
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(Please tick appropriate box)

**** In order to qualify for this rate delegates must be a paid-up member of the Preoperative Association. Please write your membership number in the space provided.**

Registration fees include refreshments and lunch.

Payment may be made by Sterling cheque drawn on a UK bank and made payable to **"AAGBI Specialist Society Account"** or you may pay by credit card

☐ **Please find enclosed a cheque to the sum of £**

☐ **Please debit my credit card as detailed** Credit Card (Visa ☐ / Mastercard ☐ / Delta ☐); or Maestro/Switch ☐

Card/Switch Number

Start Date Expiry Date

Security Code (last three digits on signature strip)..... Issue No (Switch only).....

Name on the card.....

Statement Address (if different from above).....

..... Postcode

Cardholder's signature Date

.....

Please return your completed registration form to:

The Preoperative Association, 21 Portland Place, London, W1B 1PY

For further information please visit <http://www.pre-op.org>

Telephone **020 7631 8896** or Fax **020 7631 4352**

CANCELLATION CHARGES

Up to 31st August 2009 a full refund will be given less a £25 administration charge. From 01 September to 15th October 2009 a 50% refund will be given. After 15th October 2009, no refund will be given.

We regret that we cannot accept telephone bookings.