British Neuropathology Society Winter Meeting 2012

UCL Institute of Child Health, 30 Guilford St, London WC1N 1EH

Wednesday IIth - Friday I3th January 2012 Please return this form with full payment (unless invoice is required) to ICH Events at the address below.

Surname (BLOCK CAPITALS): Prof [/Dr]/Ms		
First Name:		Male/Female		
Job Title:				
Name of organisation:				
Full Postal Address:(Please specify whether home	or work 🔲)			
Posterida Day Tali		Essa		
Email: Day Tel:		Fax:		
Special dietary/other requirements: For safety reasons, please tick if you use a wheelchair &/or				
I am a Society member I am a guest of a If you are a guest, please give the name of the Society				
Meeting Dinner:				
The Society Dinner will be held at Painter's Hall , 9 Little Trinity Lane, London EC4V 2AD on Thursday 12th January . The Reception commences at 7.00pm and the Dinner at 7.45pm. Payment for the dinner ticket(s) should accompany this application form in order for your ticket(s) to be issued. ALL DINNER BOOKINGS MUST BE RETURNED BY TUESDAY 20th DECEMBER				
PAYMENT				
In order to be registered for this event, full payment of fees for which payment has not been received prior to the event		your application unless an organisation is paying on your behalf. Bookings		
Fees:	Standard:	Medical, BSc, MSc, PhD Students & Retired Members:		
Main Meeting – Thursday & Friday (until 01/12/2011): £ Main Meeting – Thursday & Friday (after 01/12/2011): £		£ Free		
Symposium – Wednesday only	E30 🗌	£ Free		
Society Dinner £70 Number of dinner tickets required	Please indicate name	e of dinner guest(s)		
PAYMENT BY CREDIT/DEBIT CARD OR	CHEQUE	PAYMENT BY INVOICE		
Please note that we do not have a secure email link at present, so you may prefer to send card details by post or fax. I enclose the sum of £ by cheque made payable to 'UCL' or 'University College London' or I authorise credit / debit card payment (Visa / Mastercard / UK Maestro only) Credit/Debit Card No: []		We regret that we cannot invoice private individuals or non-UK based organisations. Invoices will not be issued 4 weeks preceding the event.		
		APPROVAL: Purchase order required		
		If your organisation wishes to be invoiced, your registration form must be sent in with a purchase order from your trust. We cannot book you on to the event without the required documentation: if it is not attached,		
		your application will not be processed. It is your own responsibility to ensure that your application is approved by your employer and forwarded		
		to this office. GENERAL		
Issue no.: []](Some Maestro cards only) We regret that we cannot accept payment by American Express Name of Cardholder: Cardholder's Signature: Address of Cardholder (if different from above)		APPLICANT'S DECLARATION: Data Protection Act 1998: I agree to ICH processing personal data contained on this form or other data which may be obtained from me or other people or organisations whilst I am applying for this event. I agree to the processing of such data for any purpose connected with my attendance at ICH events, or my health and safety whilst on ICH's premises or for any other legitimate purpose. I agree to the terms and conditions above and confirm that payment for this event is		
			enclosed/will be made in full before I attend. Please tick if you do not agree to your information being used to advise you of forthcoming ICH/GOS events □	
			Date:	
		Postcod	e	CANCELLATION: Refunds for cancellation will be subject to a 20% administration fee. No refunds will be given for places cancelled within 2 weeks of the start date.

Email: <u>info@ichevents.com</u> Website: <u>www.ichevents.com</u> 2T27