

Perinatal Medicine 2014 Registration and Accommodation Form

9th – 11th June 2014, Harrogate International Centre, Harrogate, UK

Please complete clearly and in BLOCK CAPITALS

Last/Family Name: First Names:

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

Speciality: Obstetrician Neonatologist Scientist Obstetrics Scientist Neonatology Midwife
(please tick)

Neonatal Nurse Other Please Specify:

Grade:

Work Address*:

Post Code: E-mail**:

Business Tel. No: Mobile 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.*

(MANDATORY) Please indicate if you are a member of the following societies:

To qualify for the member rates you should be a paid up member of one of the following Societies at the time of your registration.

British Association of Perinatal Medicine (BAPM)

British Maternal & Fetal Medicine Society (BMFMS)

Neonatal Society (NNS)

Registration Fee		Please tick (✓) relevant box and complete payment section	
Note: To qualify for the member rates you should be a paid up member of your society at the time of your registration.			
On or after 1st March 2014		Payment	
<input type="checkbox"/> Medical (clinician) – Member	£399.00	£	
<input type="checkbox"/> Medical (clinician) - Non Member	£438.00	£	
<input type="checkbox"/> Non-Medical - Member	£175.00	£	
<input type="checkbox"/> Non-Medical - Non Member	£198.00	£	
<input type="checkbox"/> Student	£127.00	£	

Conference Reception & Dinner Tuesday 10th June 2014	Please insert number of tickets required, priced at £50.00 per ticket and complete the payment section. Places at the Dinner are limited and will be allocated on a first come first served basis.	Number of tickets	Full Payment £

TOTAL PAYMENT:	Registration Fee + Accommodation + Conference Dinner Ticket(s) =	£
-----------------------	---	----------

Delegate's Name: _____

Welcome Reception Monday 9th June 2014	A ticket to the Welcome Reception is included in the registration fee but you must indicate here if you would like a place reserved. (✓) I will be attending the Welcome Reception Yes <input type="checkbox"/> No <input type="checkbox"/>
Dietary Requirements & Access Needs	Vegetarian: <input type="checkbox"/> Other: <input type="checkbox"/> please give details..... Access needs: please specify e.g. wheelchair user, mobility difficulties, hearing impaired etc

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

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. You are also agreeing to your name and town being included on the list of participants that will be circulated at the meeting, and for your email to be 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: Perinatal Medicine 2014 (Conference Registration)**

Hampton Medical Conferences Ltd.,

Rapier House, 4-6 Crane Mead, Ware, Hertfordshire, SG12 9PW

For credit/debit card payments only – fax: +44 (0) 870 900 7783