

11th Annual Scientific Meeting Registration Form



The Royal College of Anaesthetists, London
23 November 2010

Name:								
GMC No:								
Address:				Code:	C 29	Date:	23 November 2010	
				Event Title:		11 th Annual Scientific Meeting		
				Registration Fee:				
				Telephone:				
Post Code:		Email:						
Hospital:		Grade/ Title:						

Please confirm which Registration option you would like:	Please tick:
TRAINEE GRADE APPLICANTS	
Members of BOAS: £150	
Non Members of BOAS: £175 (this registration includes a one year membership to the Society)	
CONSULTANT AND NON-TRAINEE GRADE APPLICANTS	
Members of BOAS: £200	
Non Members of BOAS: £225 (this registration includes a one year membership to the Society)	

Please see our website for cancellation fees and terms and conditions. The fee of this meeting is non transferable and cancellations requests will not be accepted on or after Tuesday 9 November 2010.

PAYMENT DETAILS			
Registration Fee:	£	<i>Please make cheques payable to 'The Royal College of Anaesthetists'</i>	
Cardholder's Name:		Cardholder's Signature:	

CARD DETAILS <i>Please tick the appropriate box:</i>														
Visa		Delta		Solo		Maestro		Mastercard						
Card Number:														
Valid From:							Issue Number:							
Expiry Date:							Security Code:							

PLEASE RETURN THIS FORM BY POST TO FINANCE DEPT., THE ROYAL COLLEGE OF ANAESTHETISTS,
CHURCHILL HOUSE, 34 RED LION SQUARE, LONDON WC1R 4SG OR FAX TO +44 (0)20 7092 1733