BASHH Doctors in Training Weekend

Warwickshire Racquet Centre
24 -25 September 2010

REGISTRATION

Name (with title) .....

Address: .....

.....

.....

Tel: ..... **Fax:** .....

Email address: .....
Current Position (title and hospital) .....

.....

GMC number: .....

I will be attending the Doctors in Training Weekend on 24-25 September 2010 and require the following accommodation for the night of 24 September 2010:

Single Room ☐ Please note there are only single rooms available.

.....

Please state if you have any special dietary requirements:

.....

Payment	**EARLY REGISTRATION BEFORE 10th AUGUST 2010**	**AFTER 10 AUGUST 2010**
Delegate - BASHH Member	£35.00	£120.00
Non Member	£110.00	£130.00

Payment must accompany the form and should be by Banker's Draft, or cheque drawn on any UK bank, in **POUNDS STERLING**, made payable to **"BASHH" OR:**

VISA / MASTERCARD / AMEX *(delete as applicable)*

Card No: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Expiry date:** ☐☐☐☐

Start Date ☐☐☐☐ **Security No**. (3 digit number found on the back of the card) ☐☐☐

"I authorise the sum of ..... To be charged to my credit card."

Cardholder's name: .....

Cardholder's address if different from above: .....

.....

Cardholder's signature: .....

Please return this form to:
BASHH Secretariat, The Royal Society of Medicine, 1 Wimpole Street, LONDON, W1G 0AE
Tel: 020 7290 2968 Fax: 020 7290 2989 E-mail: bashh@rsm.ac.uk