

REGISTRATION & ACCOMMODATION BOOKING FORM Page 1

Artery 9 - Queens' College, Cambridge - 10th to 12th September 2009

Please complete clearly and in BLOCK CAPITALS

Last Name:First Names:.....

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

Speciality:Grade:

Work Address:.....

City:.....

Post/Zip Code:.....Country:

*Email:.....

Business Tel. No:Fax No:.....

**NB: It is important that you provide an e-mail address so that notification can be sent to you when the final details of the conference are available on the conference website*

Registration Fee	Please tick (✓) relevant box			Payment €
<input type="checkbox"/> €410.00 Members <input type="checkbox"/> €520.00 Non-members <input type="checkbox"/> €200.00 Trainee/Student*	<i>Payment includes: access to all scientific sessions and social events, conference materials, accommodation for two nights (single occupancy) in Queens' College, all meals and VAT.</i> <i>* Students should attach a letter from their Head of Department/Supervisor confirming their status to the registration form</i>			
Attendance and Social Events	Please tick (✓) relevant boxes	Thursday 10 th Sept 09	Friday 11 th Sept 09	Saturday 12 th Sept 09
I will be attending the meeting on:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will attend the Welcome Reception and Dinner on Thursday 10 th September 2009	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A		
I will attend the Musical Recital (places are limited) on Friday 11th September 2009	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I will attend the Conference Dinner on Friday 11 th September 2009	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I will require single accommodation on:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please indicate any special requirements:				
<input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (Please state foods that you are <u>unable</u> to eat)..... <input type="checkbox"/> Access Needs: (Please specify, e.g. wheelchair user, mobility difficulties, hearing impaired etc).....				

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Name of delegate: _____

(Please enter your name again here, to avoid confusion in the event of pages 1 and 2 becoming separated in a faxed transmission - thank you)

Payment Details	Please tick (✓) relevant box below All payments to be in <u>Euros</u> Registrations will not be accepted without payment Please fully complete - all sections are essential in order to process payment
<input type="checkbox"/> By Cheque/ Bank Draft	Payable to 'Hampton Medical Conferences'
<input type="checkbox"/> Please deduct the total sum due from:	Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Card No: _____ Card Security Code (last 3 digits of code on the back of the card): _____ Expiry Date: _____ Cardholder's Signature: _____ Card Security Code (last 3 digits of code on the back of the card): _____ <i>Please note credit card payments are subject to an additional charge</i> <i>(MasterCard & Visa: 2.95%)</i> Name and address (including postcode) of the cardholder: _____ _____ _____ _____
By returning the completed registration form you are confirming agreement for your name and town being listed on the participants list, to your e-mail address being used by the Secretariat and to the terms and conditions of the meeting including cancellation policies on the preceding pages	

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: Artery 9 Registration, Hampton Medical Conferences Ltd - 113-119 High Street, Hampton Hill, Middlesex, TW12 1NJ, UK - For credit/debit card registrations only - Fax: +44(0)20 8979 6700