

The British Hypertension Society Presents:

The NICE way to implement the Hypertension Guidelines

Edinburgh
10.11.2011

Manchester
22.11.2011

Birmingham
14.11.2011

Regional Meetings starting with Edinburgh, Birmingham and Manchester

The British Hypertension Society would like to express its gratitude
to the following companies for their financial support:



Daiichi-Sankyo

Edinburgh**Hilton Edinburgh Grosvenor, EH12 5EF, Thursday 10th November 2011**

18.30 – 19.00	<i>Arrival, Registration Tea and Coffee</i>
19.00 – 19.30	NICE Guideline Review/ Diagnosis of Hypertension Professor Paul Padfield (Edinburgh)
19.30 – 20.00	NICE Guidelines and Treatment of Hypertension Professor Gordon McInnes (Glasgow)
20.00 – 20.30	Impact on General Practice Dr Alex Watson (Dundee)
20.30 – onwards	<i>Dinner</i>

Birmingham**Crowne Plaza Birmingham, B1 1HH, Monday 14th November 2011**

18.30 – 19.00	<i>Arrival, Registration Tea and Coffee</i>
19.00 – 19.30	NICE Guideline Review/ Diagnosis of Hypertension Professor Mark Caulfield (London)
19.30 – 20.00	NICE Guidelines and Treatment of Hypertension Professor Franco Cappuccio (Coventry)
20.00 – 20.30	Impact on General Practice Professor Richard McManus (Birmingham)
20.30 – onwards	<i>Dinner</i>

Manchester**Hilton Manchester Deansgate, M3 4LQ, Tuesday 22nd November 2011**

18.30 – 19.00	<i>Arrival, Registration Tea and Coffee</i>
19.00 – 19.30	NICE Guideline Review/ Diagnosis of Hypertension Dr Philip Lewis (Stockport)
19.30 – 20.00	NICE Guidelines and Treatment of Hypertension Professor Tony Heagerty (Manchester)
20.00 – 20.30	Impact on General Practice Dr Terry McCormack (Whitby)
20.30 – onwards	<i>Dinner</i>

Takeda UK Ltd and Daiichi Sankyo UK Ltd are providing a financial grant to support these educational meetings, and will have a promotional stand at the meetings. Takeda UK Ltd and Daiichi Sankyo UK Ltd have had no involvement in the organisation, content, or speaker selection.



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BHS Regional Meetings: The NICE way to implement the Hypertension Guidelines REGISTRATION FORM

Please complete in BLOCK CAPITALS

Last/Family Name: _____ First Names: _____

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

Professional Title: _____ PCT: _____
(e.g. CHD Lead, Nurse, Prescribing Advisor)

Work Address: _____

Post Code: _____ E-mail*: _____

Business Tel. No: _____ Fax No: _____

** It is important that you provide an email address so that notification can be sent to you when final details of the meeting are available on the website*

Which meeting would you like to attend:

Venue	Date	Please indicate which venue you wish to attend
Edinburgh - Hilton Edinburgh Grosvenor, EH12 5EF	Thursday 10 th November 2011, 18.30hrs	<input type="checkbox"/>
Birmingham - Crowne Plaza Birmingham City, B1 1HH	Monday 14 th November 2011, 18.30hrs	<input type="checkbox"/>
Manchester - Hilton Manchester Deansgate, M3 4LQ	Tuesday 22 nd November 2011, 18.30hrs	<input type="checkbox"/>

REGISTRATION FEES - Includes VAT, access to all scientific sessions, conference materials (including speaker handouts), dinner on the evening of the chosen event:

	Payment (inc. VAT)
General practitioners	<input type="checkbox"/> £ 50.00
Allied Health Professionals (nurses, dieticians, pharmacists etc)	<input type="checkbox"/> £ 25.00

Dietary Requirements:

Dietary Requirements: Vegetarian Other, please state foods that you are unable to eat: _____

Access Needs: (please specify e.g. wheelchair user, mobility difficulties, hearing impaired etc) _____

PAYMENT DETAILS *Please fully complete - all sections are essential in order to process payment All payments to be in GB Pounds Sterling*

<input type="checkbox"/> By Cheque/Bank Draft <input type="checkbox"/> Please deduct the total sum due from:	Payable to 'British Hypertension Society' and drawn on a UK bank. Credit Card: <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Debit Card: <input type="checkbox"/> Visa Delta/Debit <input type="checkbox"/> Maestro Card No: _____ Expiry Date: _____ Cardholder's Signature: _____ Card Security Code (last 3 digits of code on the back of the card): _____ <i>Please note that credit card payments are subject to an additional charge (MasterCard, Visa & Amex: 2.95%)</i> Name, billing address (inc. post code) of the cardholder: _____ _____ _____
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By returning your completed registration form you are agreeing to the terms & conditions of the conference, including credit card charges & any cancellation policies for registration fees. Please see 'How to Register' for details. You are also agreeing to your name and town being displayed on the list of delegates and your email address being 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: BHS Regional Meetings
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



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