

REGISTRATION BOOKING FORM

British Geriatrics Society Spring Meeting
Venue Cymru, Llandudno, 16th – 18th May 2012

Please complete clearly and in BLOCK CAPITALS

Last Name/Surname: First Names:.....

Title (Prof/Dr/Mrs/Ms/Miss etc.): Male Female

Specialty: Grade:

Allied Health Professionals Nurse Therapist Other

Work Address*:

.....

..... City:

Post Code: E-mail**:

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

NB: *Your work address will be used for correspondence. If this is not appropriate please advise us, in a covering letter, of an alternative address.

****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.**

I would be interested in **assessing posters** in my area of special interest on the morning of Thursday 17th May (consultant staff only please)

If you are willing to act as an **assessor**, please tick all the categories which match your area of interest:

gastroenterology and nutrition falls and bone health health services research cardiovascular stroke

incontinence management pharmacology respiratory disease ethics

cerebral ageing and mental health primary and continuing care (including rehabilitation) other (please state)

REGISTRATION FEES Please tick (✓) relevant box and insert amount in payment box

Full Meeting Registration		Day Registration		Payment
<input type="checkbox"/> Full BGS Member Registration:	£330.00	<input type="checkbox"/> Full BGS Member Registration:	£165.00	
<input type="checkbox"/> BGS Trainee Member:	£170.00	<input type="checkbox"/> BGS Trainee Member:	£ 86.00	
<input type="checkbox"/> Retired BGS Member:	£125.00	<input type="checkbox"/> Retired BGS Member:	£ 62.00	
<input type="checkbox"/> Non-member:	£510.00	<input type="checkbox"/> Non-member:	£289.00	
<input type="checkbox"/> Allied Health Professionals:	£170.00	<input type="checkbox"/> Allied Health Professionals:	£ 86.00	

Nurses/Therapists/Researchers/Psychologists/Students (**Wednesday 16th May only**) £ 48.00

Attendance: Please indicate the days you will attend the meeting.

Wednesday 16th May Thursday 17th May Friday 18th May

Conference Dinner, 19.45-late, Thursday 17 th May Please insert number of tickets and complete the payment section	Number of Tickets	Payment
<input type="checkbox"/> Conference Dinner £41.00 per ticket		£

TOTAL PAYMENT DUE (including VAT) Registration Fee + Conference Dinner =	£
--	---

Please turn over →

