

REGISTRATION FORM



New Beginnings 4th July 2008, London

Please fill in your name, title and place of work, as you would like them to appear on the delegate list.

Please use **BLOCK CAPITALS**

* Last name:		Prof/Dr/Mr/Mrs/Miss/Ms
* Other names:		
* Correspondence address:		
* Email address		
* Telephone No:		
Special requirements (dietary, access):		
Current Post/Occupation		
Grade	City	

Conference reservation

The registration fee includes lunch and all refreshments. Please tick ONE of the following options:

Health Professional/Non-student: £148

Student: £99

Payment - Please fill in ONE option

I enclose my cheque for £ _____ made payable to **Medical Success Ltd**

I wish to pay by VISA/MASTERCARD/AMEX/SWITCH (*delete as applicable*)

Card No: _____ Expiry date: ____/____

Cardholder name: _____ Issue No or Start date: ____/____

Last 3 (or 4 for AMEX) digits of card security number on back of card: _____

Cardholder's address if different from above: _____

Cardholder's signature _____

Please note all card payments (credit card and switch card) are subject to a 3.75% payment processing fee

Please return this completed form by post to:

Jane Roberts, Medical Success, PO Box 690, Middlesex HA2 2DQ

To book online direct, please visit www.medicalsuccess.net/booking.php

Any questions? Jane Roberts, Delegate Liaison Email: jane.roberts@medicalsuccess.net Tel: 020 8144 3736

Places are only confirmed upon receipt of full payment and cleared funds. Tickets are non refundable. Booked places may be transferred subject to approval by Medical Success. The content of the event is subject to change without notification. The conference promoters will not be liable for any direct or indirect damage of any nature arising preceding, during or after the conference and/or out of cancellation of the conference.

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