

EUROPE AF REGISTRATION FORM



Thursday 24th - Friday 25th September 2009 London Hilton Metropole Hotel

Full Name: Title:

Job Title:

Hospital:

Address:

Post Code:

Telephone:

Email:

Yes I wish to request accommodation at the London Hilton Metropole Hotel *Please tick and complete accommodation form*

THE REGISTRATION FEE INCLUDES THE FOLLOWING:

- Admission to all Scientific Sessions
- Admission to the Exhibition
- Use of the Internet Café
- Refreshments and Lunch on each day
- All materials relating to the Conference
- Ticket to the Gala Dinner on Thursday 24th September

	Registration before Friday 31 July 2009	Please Tick	Registration after 31 July and before Tuesday 22 September 2009	Please Tick
Category	Total		Total	
Consultant	£295.00	<input type="checkbox"/>	£395.00	<input type="checkbox"/>
Jnr Medical and Allied Professionals	£145.00	<input type="checkbox"/>	£245.00	<input type="checkbox"/>

Currency: GBP Sterling

PAYMENT DETAILS:

Credit Card: VISA / MASTERCARD / MAESTRO *Please circle*

Name on card:

Card Number:

Expiry Date: Valid From:

Issue No: Security No:

(last 3 digits on signature strip on back of card)

Registration can also be paid by cheque to Millbrook Medical Conferences Ltd
or registration can be done online at www.EuropeAF.com

Please complete and return to Millbrook Medical Conferences Limited
Fax to + 44 (0) 1455 550098 or post to:
Millbrook Medical Conferences Ltd,
Suite 3, Elizabethan House, Leicester Road, Lutterworth, Leicestershire LE17 4NJ