

**South West BAPEN Study Day 14 October 2010
Lyngford House Conference Centre, Taunton**

Registration Form

Please complete this form in block capitals and return together with remittance.

Name Prof/Dr/Mr/Mrs/Ms/Miss (Forename) (Surname)

Professional Group (Doctor, Nurse, Pharmacist, Dietician, etc).....

Speciality

Address for
Correspondence.....
.....

Email Address.....

Daytime telephone number(s).....

How did you hear about the course? Direct Mail ☐ Colleague ☐

Advert ☐ Internet ☐ Other.. ☐
(please state where) (please state webpage)

1. Course Fee BAPEN member £30 ☐
Non BAPEN member £35 ☐

2. Payment Details (Payment should be made 10 days prior to the course)

☐ I enclose a cheque* for £ _____ made payable to "Plymouth Hospitals NHS Trust Unit fund 13602" *Please note

that cheques should accompany your registration form

3. Special requirements (access, diet, etc)

Your registration form and remittance should be sent to:

Dr Stephen Lewis
Consultant Gastroenterologist
Level 7
Derriford Hospital
Plymouth
PL6 8DH
Stephen.lewis@phnt.swest.nhs.uk

In sending this registration I agree to the Terms and Conditions stated

TERMS AND CONDITIONS

Payment should accompany your registration form

Fee must be paid in full no later than 10 working days before the course commences. Failure to pay may result in attendance being refused.

Registrations are accepted on the understanding that the printed programme is given in good faith but may have to be re-scheduled or the speakers changed for reasons outside our control.