

MOORFIELDS OPHTHALMOLOGY COURSE FOR GENERAL PRACTITIONERS

Institute of Child Health, London – Monday 7th & Tuesday 8th December 2009

Please complete in BLOCK CAPITALS

Last/Family Name: First Names:

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

Speciality: Grade:

Work Address*:

Post Code: E-mail**:

Business Tel. No: Fax No:

* Your work address will be used for correspondence, if it 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 meeting are available on the website

REGISTRATION FEES: Please tick relevant box

Full Rate **£325.00**

Day Rate **£195.00** Please state on which day you wish to attend

£

Payment includes access to all scientific sessions, conference materials, refreshments and lunch.

DIETARY REQUIREMENTS:

(Please note that course meals will not contain pork, beef or shellfish)

Vegetarian Other

ACCESS NEEDS:

(please specify e.g. wheelchair user, mobility difficulties, hearing impaired etc)

WHERE DID YOU HEAR ABOUT THE MEETING? Please tick (✓) relevant box

Direct Mailing from Organisers Through local PCT Advert (please specify) Other (please specify)

PAYMENT DETAILS

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

By Cheque/Bank Draft

Payable to 'Moorfields Eye Hospital NHS Foundation Trust' and drawn on a UK bank.

Please deduct the total sum due from:

Credit Card: American Express MasterCard Visa

Debit Card: Visa Delta Maestro

Card No:

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*Please note that credit card payments are subject to an **additional charge** (MasterCard, Visa & Amex: 2.95%)*

Name, billing address (inc. post code) of the cardholder:

Maestro only:

valid from date: or issue no:

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 to 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: **Moorfields Ophthalmology Course Registration,**
Hampton Medical Conferences Ltd.,
113-119 High Street, Hampton Hill, Middlesex, TW12 1NJ
Fax: + 44 (0)20 8979 6700 (for credit/debit card payments only)