



BOOKING FORM



Dr/Mr/Mrs/Miss/Ms SURNAME _____ FORENAME _____
Employment Address _____

Postcode _____ Tel. No. _____ Ext. No. _____

Fax No _____ E-mail _____

IBMS Membership No _____ CPD Registered Yes / No IBMS Yes / No BBTS Yes / No

Do you object to your name being included in a delegates' list? Yes / No

Date and estimated time of arrival _____ Departure _____

Special diet required? _____ Special accommodation required?*

*En suite rooms, subject to availability, at extra charge of £11.00 per night on request.

*Visitors accompanying delegates can be accommodated - please ask for details.

PLEASE TICK APPROPRIATE BOXES

FULL WEEKEND: Thursday lunchtime to Sunday lunchtime, includes all meals and university accommodation

IBMS Member

Non Member

£286.57 + vat = Total £336.72

£315.59 + vat = Total £370.82

Wednesday 5th April Standard single room, bed & breakfast available at £24.26 + vat = Total £28.50

DAY VISITORS: Includes lunch and lectures

IBMS Member

Non Member

Thursday £35.86 + vat = Total £42.14

£39.45 + vat = Total £46.35

Friday £71.73 + vat = Total £84.28

£78.90 + vat = Total £92.70

Saturday £71.73 + vat = Total £84.28

£78.90 + vat = Total £92.70

Sunday £35.86 + vat = Total £42.14

£39.45 + vat = Total £46.35

Total Amount £ _____

Please make cheque payable to IBMS NE Region Symposium a/c and send with completed form to:
Miss Lynne Trattles, Directorate of Healthcare Governance, The James Cook University Hospital, MIDDLESBROUGH TS4 3BW
Tel. 01642 850850 Ext. 3627 E-mail: lynne@trattles.wanadoo.co.uk

Alternatively, please give details of an invoicing address, and signature of your Approving Manager:
Manager's Name _____ Signature _____ Job Title _____

Invoice to be sent to: _____

6th – 9th April 2006
ST MARY'S COLLEGE, UNIVERSITY OF DURHAM