



BOOKING FORM 2008



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

Employment Address _____

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

Fax No _____ E-mail _____

IBMS Membership 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 £11.50 per night on request.

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

PLEASE TICK APPROPRIATE BOXES

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

IBMS Member

£320.96 + vat = Total £377.13

Non Member

£353.46 + vat = Total £415.32

DAY VISITORS: Includes lunch and lectures

IBMS Member

Friday £80.34 + vat = Total £94.40

Non Member

£88.37 + vat = Total £103.83

Saturday £80.34 + vat = Total £94.40

£88.37 + vat = Total £103.83

Sunday £40.16 + vat = Total £47.19

£44.18 + vat = Total £51.91

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. 53627 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: _____

11th — 13th April 2008
ST MARY'S COLLEGE UNIVERSITY OF DURHAM
www.bgsdurham.org