

# BGS



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# BOOKING FORM

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 £12.00 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

Non Member

£377.00

£415.00

DAY VISITORS: Includes lunch and lectures

IBMS Member

Non Member

Friday £94.00

£103.00

Saturday £94.00

£103.00

Sunday £47.00

£51.00

Total Amount £ \_\_\_\_\_

**Deduct 20% from the total price if you pay the full amount before 15<sup>th</sup> January 2010.**

Please make cheque payable to: **IBMS NE Region Symposium a/c** and send with completed form to:  
**Miss Lynne Trattles: 8, Farndale Crescent, Darlington DL3 9AP Tel. 01325 469476 E-mail: lynnetrattles@live.com**

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: \_\_\_\_\_



## 23rd - 25th April 2010

St MARY'S COLLEGE UNIVERSITY OF DURHAM

www.bgsdurham.org

