



REGISTRATION FORM

Personal Details

Title	Dr/Mr/Mrs/Miss/Ms/Other (please state)		
Full Name			
Contact Address			
		Postcode	
Contact Telephone			
Contact Email Address			
IBMS MEMBERSHIP NUMBER			
BAC MEMBERSHIP NUMBER			

Registration Fees

Please choose from the options below:

IBMS and/or BAC members **Free of Charge**

Note: Members will be charged a fee of £30 if fail to attend

Non-member **£30.00**

Registration fee includes coffee, tea and lunch.

Please indicate in the box below if you have any special dietary or medical requirements:

If non-member, payment must be attached or the option ticked for an invoice to be sent to your employer in order for your registration to be processed.

Payment options

I am a self-funder and enclose a cheque made payable to BAC

OR

My employer will pay, and an official purchase order is enclosed with this registration form

OR

I am a self-funder, please send BAC account information for a BACS transfer

GDPR

The information provided by me on this form will not be disclosed to any other party by the IBMS and BAC and will be used solely for the purposes of managing the meeting

Completed applications and payment should be sent to:

Christian Burt

IBMS

12 Coldbath Square

LONDON

EC1R 5HL

christianburt@ibms.org

Registration will close on Friday 28th September and if oversubscribed, places will be allocated on a first come, first served basis.