### **REGISTRATION FORM**

### *Please complete form below in* ***block*** *capitals.*

**Designation** Prof/Dr/Mr/Mrs/Ms other \_\_\_\_\_\_\_\_\_\_\_

**Surname** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Forename**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postcode** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tel** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **Badge Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hospital /Company**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Speciality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### **Registration Fees**

*\*Fees include membership renewal*

 *2 day attendance & Gala Dinner* ***Please circle rate****.*

**\*£300 consultant

\*£165 nurse**

**\*£200 trainees**

**£300 Additional Exhibitor Attendees**

**Day Delegate Rate (Daily Rate : Per Day attendance ONLY )**

**Please circle rate & day :£150**

* **Thursday £150**
* **Friday £150**
* **Both Days £300**
* **Additional Dinner Tickets £50**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ACCOMMODATION IS NOT INCLUDED IN REGISTRATION FEE & CAN**

**BE BOOKED SEPARATELY ONLINE OR BY COMPLETING THE Booking form**

**Details of hotels and rates are online or from Conference Office**

**How to Pay**

* **Cheque** I enclose cheque for amount **£**\_\_\_\_\_\_ made payable to **Vascular Access Society of Britain and Ireland**

* **Online at vasbi.org.uk**
* **I wish to pay Electronically / BACS**. Please email VASBI bank details.
* **Please Invoice ………………………………………………………………………………………………………. ­**

*Please contact the conference organiser if an invoice has to be raised to a third party.*

Confirmation of registration and joining instructions will be forwarded on receipt of completed forms and payment .

Please forward completed forms to the address below

Cancellation terms:15% admin charge for cancellations up until the 1st august 2018

no refund available after this date

*Named substitutions available please contact Conference Office in writing.*