

BSNR Annual Meeting, Glasgow

17th -18th September 2010

Royal College of Physicians and Surgeons



Registration Form

Personal Details

Surname _____ First Name _____

Designation _____ Specialty _____

Contact Address _____

Telephone _____ Email _____

Registration Fees

(Includes registration, Friday Reception, Saturday Black Tie Dinner and Céilidh)

Before 1st August 2010

Consultant: **£250**

Others: **£150**

After 1st August 2010

Consultant: **£280**

Others: **£180**

Accompanying Person:

Friday Reception **£20** Saturday Dinner and Céilidh **£60**

Total Payment Required: _____

Payment Methods

Cheque: Payable to **BSNR, Glasgow**, or transfer to BSNR, Glasgow Bank account

Sort Code: **83-21-16** Account number: **00256374**

IBAN # (For international transfers) **GB62RBOS83211600256374**

(Cash payment will only be accepted on the day of meeting but cheque will be preferred.)

Please write your name and address at the back of cheque or if making bank transfer, please type your name in the reference.

Meals

Please indicate special requirements:

Vegetarian Special Requirements/Allergies

Please post the registration form and payment to:

BSNR2010 Secretariat,
Department of Neuroradiology,
Institute of Neurological Sciences,
Southern General Hospital,
Glasgow ,
G51 4TF