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| **E H F** | **16th ANNUAL EHF MEETING**  **Woodland Grange - Leamington Spa**  [**http://www.woodlandgrange.com/**](http://www.woodlandgrange.com/)    2nd & 3rd April 2019 |

REGISTRATION FORM: (Please type or print)

Title: First Name: Family Name:

Position: Organisation:

Department:

Mailing Address:

Post Code: E-mail:

Country: Phone: Fax:

Do you have any kind of disability? No  Yes  Please specify:

Do you have any special dietary requirements? No  Yes  Please specify:

**Hotel & Meeting Requirements:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full meeting (includes the conference dinner and Tuesday night accommodation) | | | **£430.00** | |  |
| Accommodation – extra night (Monday) | | | **£105.00** | |  |
| Day delegate | Tuesday | | **£140.00** | |  |
| Wednesday | | **£140.00** | |  |
| Conference Dinner | | **£55.00** | |  |
| Workshop 1 & 2  Places are limited and workshops require an application form & meeting registration | | | | | |
| Workshop 1: Understanding basic pathological process (Tuesday) | | No extra fee but meeting registration required | |  | |
| Workshop 2: Antigen retreival (Wednesday) | | No extra fee but meeting registration required | |  | |
| **Total** | | | **£** | | |

To comply with the Data Protection Act, please indicate your consent for your details to be kept for use by the EHF

I DO\* / DO NOT\* CONSENT Signed: ……………………… Date: ………………

\*delete as required

Please tick here  if you **DO NOT** want your details to be passed on to the trade companies present at the meeting.

Please return the completed form to:

M Fulleylove, GSK, Gunnels Wood Road, Stevenage, Herfordshire. SG1 2NY

Tel: +44 (0)1438 763005 e-mail: [info@the-ehf.org](mailto:info@the-ehf.org)

Payment is possible by:

cheque (payable to European Histology Forum) in POUNDS STERLING, drawn on a UK BANK,

BACS RBS:- Account name: European Histology Forum.

Account number: 12193626

Sort code: 16-34-24

IBAN: GB18 RBOS1634 2412 1936 26