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| **E H F** | **15th ANNUAL EHF MEETING**  **Woodland Grange - Leamington Spa**  [**http://www.woodlandgrange.com/**](http://www.woodlandgrange.com/)    13th & 14th March 2018 |

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) | | | **£410.00** | |  |
| Accommodation – extra night (Monday) | | | **£100.00** | |  |
| Day delegate | Tuesday | | **£135.00** | |  |
| Wednesday | | **£135.00** | |  |
| Conference Dinner | | **£55.00** | |  |
| Workshop  Places are limited and workshops require an application form & meeting registration | | | | | |
| Basic Pathology and Cell Recognition (Tuesday) | | 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:

A. Southgate, Northwick Park Events, NPIMR, Y Block, Northwick Park Hospital, Harrow, Middlesex. HA1 3UJ

Tel: +44 (0)20 8869 3648 Fax: +44 (0)20 8869 3270 e-mail:A.Southgate@ic.ac.uk

Payment is possible by:

cheque (payable to Northwick Park Events) in POUNDS STERLING, drawn on a UK BANK,

BACS

Barclays:- Account name: Northwick Park Events.

Account number: 83908747

Sort code: 20-37-21

BIC: BARCGB22

IBAN: GB48 BARC 2037 2183 9087 47