

REGISTRATION & ACCOMMODATION BOOKING FORM

LUCID – Holiday Inn Hotel, Stratford-upon-Avon 26 - 29 April 2009

Please complete clearly and in BLOCK CAPITALS

Family Name: First Names:

Prof/Dr/Mrs/Miss/Ms etc: Male Female

Position:

Organisation name (for badge, 40 characters maximum):

Correspondence Address:

City

Post/Zip Code: E-mail*:

Business Tel. No: Fax No:

**Note: It is important that you provide an e-mail address, so that notification can be sent to you when the final details of the conference are available on the conference website.*

**Full Registration Fee Payment includes access to all sessions, conference materials, lunch (except Wednesday) refreshments, Welcome Reception and the Conference Dinner on Tuesday evening.
The daily rate does not include the social events.**

<i>Please tick (✓) relevant box and insert amount in payment box</i>	Early Bird Rate up to and including 27 February 2009	Standard Rate after 27 February 2009	Payment (£)
<input type="checkbox"/> Full Registration Fee	£395.00	£450.00	
<input type="checkbox"/> Daily Fee (Monday)	£170.00	£200.00	
<input type="checkbox"/> Daily Fee (Tuesday)	£170.00	£200.00	
<input type="checkbox"/> Half day (Wednesday)	£80.00	£100.00	

Welcome Reception	Welcome Reception and Buffet at the Holiday Inn Hotel on Sunday 26 April (included in the full registration fee)	Full Registration Fee Delegates I will be attending <input type="checkbox"/> I will not be attending <input type="checkbox"/> Daily Fee Delegates and Accompanying Persons, cost £25.00 per person Number of tickets _____	
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Buffet Dinner Holiday Inn Hotel	Three course buffet dinner (drinks not included) on Monday 27 April, special offer available for delegates staying at the Holiday Inn.	Holiday Inn Residents, cost £10.00 per person Number of tickets _____	
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Conference Dinner	Conference Dinner at Coventry Cathedral on Tuesday 28 April (included in the full registration fee)	Full Registration Fee Delegates I will be attending <input type="checkbox"/> I will not be attending <input type="checkbox"/> Daily Fee Delegates and Accompanying Persons, cost £60.00 per person Number of tickets _____	
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Hotel Reservation		Hotel Name	Arrival Date	Departure Date	No. of Nights	Single/Twin/Double	Payment
	1 st Choice						
	2 nd Choice						

Requirements *Please indicate any special requirements*

Vegetarian Diet **Other diet** (Please state foods that you are unable to eat) _____
 Access needs (please specify e.g. wheelchair user, mobility difficulties, hearing impaired etc.) _____

Payment Details *Registrations will **NOT** be accepted without payment. All payments to be in GB Sterling. Please fully complete – all sections are essential in order to process payment.*

By cheque/bank draft Payable to 'LUCID'

Please deduct the total sum due from:

Credit Card: MasterCard Visa American Express
Debit Card: VisaDelta Maestro
 Card No: _____
 Security Code (last 3 digits of the code on the reverse of the card): _____
 Expiry Date: _____ Cardholder's Signature: _____
Please note credit card payments are subject to an additional charge (MasterCard & Visa: 2.95%)
 Cardholder's billing address, including postcode of the cardholder, if not the delegate: _____

Maestro: Valid from: _____ or issue no.: _____

By returning your completed registration form you are agreeing to the terms & conditions of the conference, including credit and debit card charges & any cancellation policies for registration fees and accommodation costs, outlines in this brochure. You are also agreeing to your name, organization and town being included in the list of participants.

Hampton Medical Conferences may make your contact details available to selected third parties that may be of interest to you. If you do NOT want your details to be passed on, please tick (✓) here:

Please return to: LUCID Registration, Hampton Medical Conferences Ltd, 113-119 High Street, Hampton Hill, Middlesex TW12 1NJ, U.K.
 Fax: +44 (0) 20 8979 6700 (Credit card payments only)