



**REGISTRATION APPLICATION**

**REGISTRATION DEADLINE - FRIDAY 30<sup>TH</sup> MARCH 2012**

Return completed forms to:

Sharon Forster, BSH Conference Secretariat

1 Chapel Court, Briggate, Knaresborough, North Yorkshire, HG5 8PF

Tel: +44 (0)1423 862483

Fax: +44 (0)1423 863278

Email: [sharon.forster@bshconferences.co.uk](mailto:sharon.forster@bshconferences.co.uk)

**You will be sent written confirmation of your registration through the post within 5 working days of receipt of your booking**

**Personal Details**

Title (please tick box)	First Name	Family Name/Surname	
Prof <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>			
Department			
Hospital/Organisation			
Address			
Address			
Town/City			
Postcode			
Country			
E-Mail Address			
Telephone Number		Fax Number	

I do NOT wish my name and contact details to appear in the List of Participants or to be passed to Sponsors and/or Exhibitors

Please tick the box if you require disabled access to the SECC

**Please indicate below if you are a member or non-member of the BSH**

Member  Non-Member

**Speciality** (please tick)

- Consultant                       Clinical Scientist                       IBMS                       Nurse Specialist  
 Non tenured haematologist       Scientist                                   SpR/Junior doctor in training       From DGH

**Dietary Requirements**

Please specify any dietary requirements.....

**Concessionary Fees**

If you are registering as a Non-Tenured Haematologist/Scientist, a Biomedical Scientist or a Nurse Specialist, your head of department must sign below to confirm your status:

Name (please print)\_\_\_\_\_

Professional position held\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

## Registration Fees (includes lunch and scheduled tea/coffee breaks each day)

Registration fees for two or more days of conference	Pre 10/2/12	Post 10/2/12	On-Site	Total
BSH Member	£195	£260	£310	
Non Member	£320	£370	£400	
Non-tenured haematologist/ scientist* BSH Member	£105	£145	£175	
Non-tenured haematologist/ scientist* Non-BSH Member	£125	£160	£190	
Biomedical scientist or nurse specialist BSH Member	£105	£145	£175	
Biomedical scientist or nurse specialist Non-BSH Member	£125	£160	£190	
Senior fully retired member	£100	£105	£110	
Registration fees for one day only (This fee is ONLY available for delegates attending a single day. Delegates attending for two or more days must pay the full fees shown above). Fee includes lunch and scheduled tea/coffee breaks for ONE day only.				
Day Participant	£150	£160	£190	
Please indicate which day you will attend	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Weds <input type="checkbox"/>	

\*Non-tenured Haematologist/Scientist-Junior Doctor, SpR, Doctor in training, Laboratory Assistant, Pharmacist, PhD students and Research Fellows etc.

## Accompanying Person(s) (please refer to [General Information](#) for definition)

Name	Pre 10/2/12	Post 10/2/12	On-Site	Total
	£20	£25	£25	
	£20	£25	£25	

## Social Events (For further information on the social events please refer to [Social Programme](#))

	Date	No of Places/Tickets	Cost	Total
Welcome Reception	Monday, 16 April		Inclusive	Nil
Young Haematologists' Social Evening	Monday, 16 April		£15.00	£
Conference Dinner	Tuesday, 17 April		£60.00	£

## Cancellation Policy

- Cancellation by 10 February 2012 - 20% of registration fee
  - Cancellation after 10 March 2012 - no refund
  - Cancellation by 10 March 2012 - 50% of registration fee
  - No refunds given on Conference Dinner tickets after 10 March 2012
- Notification of cancellation must be given **in writing** to the [BSH Conference Secretariat](#)

## Payment Details

<b>Total Amount Due</b>			£	<input style="width: 100px; height: 20px;" type="text"/>
1. I enclose a bankers draft or cheque made payable to: <b>BSH Conferences Ltd</b> in pounds sterling <input type="checkbox"/>				
2. Please charge my credit card				
Visa <input type="checkbox"/>		Mastercard <input type="checkbox"/>		Switch/Delta <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Start date <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry date <input type="text"/>
Last 3 digits on reverse of card <input type="text"/>				
Name on card _____				
Registered Address of card _____				
_____				
Signature of cardholder _____				