

**Interventional Pain Medicine SIG Meeting
The Law Society, London
Friday 3rd December 2010**

BOOKING FORM

Contact details

Title: _____

First Name: _____

Surname: _____

British Pain Society Membership Number (if applicable): _____

Place of Work: _____

Address for correspondence: _____

Telephone: _____

Email : _____

Payment

Registration Fees

£120 BPS Members

£70 Trainees and Non-Medical BPS Members

£150 Non BPS Members

£90 Non-Medical Non BPS Members

- I enclose a cheque payable to the British Pain Society, for the sum of £ _____

- Please debit my credit/debit card (American Express not accepted) for the sum
of £ _____

Cardholders Name: _____

Card Number:

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Issue No. (if on card):

Valid from (mm/yy): _____ / _____ Expiry date (mm/yy): _____ / _____

Security code (last 3 digits on back):

House number (where card is registered):

Post code (where card is registered):

Date: _____

Cancellation charges: For cancellations up to and including 10 working days before the event, a full refund will be given less a £25 administration charge. For cancellations within 10 working days no refund will be given, unless in exceptional circumstances and at the discretion of the treasurer; for sickness, a doctor's certificate will be required.