**The British Pain Society**

**Web Link Permissions Request Form**

This form should be used to request permission to request the Society includes a web link to your website.

|  |
| --- |
| **Requestor details** |
| Your name |  |
| Your institution  |  |
| Institution address  |  |
|  |  |
|  |  |
| Postcode |  |
| Telephone number  |  |
| E-mail address  |  |
|  |  |
| **Your website**  |  |
| Title of your website  |  |
|  |  |
| Webmaster/ contact person |  |
|  |  |
| **Requested BPS link**  |
| Please describe in detail your proposal  |  |

**Please return your completed form to:** **publications@britishpainsociety.org**