



The British Pain Society Annual Scientific Meeting
Brighton, 1-2 May 2018

ONSITE REGISTRATION FORM

PERSONAL DETAILS

BLOCK CAPITALS PLEASE

Title..... First name* Surname*

Institution/city where you work

What is British Pain Society Membership number?

Job title

Address for correspondence

.....

.....

Postcode:

Telephone: Fax:.....

Email:

Have you submitted a poster abstract? Yes No

REGISTRATION FEES

Taxable Income	BPS Members	Non-members
Taxable income <£20,000 + retired	£205.00	£275.00
Taxable income £20,000 - £29,999	£285.00	£385.00
Taxable income £30,000 - £39,999	£365.00	£495.00
Taxable income £40,000 - £69,999	£440.00	£605.00
Taxable income >£70,000	£495.00	£715.00
Day rate (one day only)	£275.00	£385.00
Honorary members of the British Pain Society	No fee	No fee
Student Rate (members and non-members)*	£145.00	£200.00
*Undergraduate or postgraduate students and earn less that £10,000 per annum. Proof of student status needed.		

SOCIAL PROGRAMME

The BPS Annual Party at Mesmerist, Tuesday 1st May (19:30-late)

Entry £20 per person. Includes entertainment, music, food and two drinks vouchers. Thereafter it will be a cash bar.

TOTAL AMOUNT TO PAY

If registering for one day please indicate which day Tuesday / Wednesday / Thursday

Registration fee £.....
 Party Ticket £.....
 Total £.....

PAYMENT DETAILS

Payment by cheque, payable to the **British Pain Society**

Please debit my credit card (Visa/MasterCard only) for the sum of £.....

Cardholder's name (please print).....

Card number

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Issue no. (if on card)

Valid from /.....

Expiry date /.....

Card Security Code(*The last 3 numbers printed on the signature strip on the back of your card*)

.....

Address where card is registered (if different front address on front of form)

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Postcode:

Signature Date.....

TRUST/EMPLOYER INVOICES

If your Trust/employer is paying for your registration fees, and you require an invoice to be sent directly to them, please provide full invoice details below. Please note that it is your responsibility to ensure that your Trust/employer pays for your registration fees prior to the Meeting.*

****In order to process your request to invoice your trust/employer, we will require proof of their agreement to pay your attendance fees and this must be attached with your registration form.***

Contact name.....

Contact address (including department).....

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Contact telephone number

Purchase Order number (if applicable).....

