

The British Pain Society Annual Scientific Meeting Harrogate, 10 May – 12 May 2016

ONSITE REGISTRATION FORM

No

Have you submitted a poster abstract? Yes

REGISTRATION FEES

Taxable income <£20,000 + retired £250.00 £340.00 Taxable income £20,000 - £29,999 £350.00 £480.00 Taxable income £30,000 - £39,999 £420.00 £615.00 Taxable income £40,000 - £69,999 £520.00 £720.00 Taxable income >£70,000 £585.00 £855.00	Taxable Income	BPS Members	Non-members
Taxable income £30,000 - £39,999 £420.00 £615.00 Taxable income £40,000 - £69,999 £520.00 £720.00	Taxable income <£20,000 + retired	£250.00	£340.00
Taxable income £40,000 - £69,999 £520.00	Taxable income £20,000 - £29,999	£350.00	£480.00
	Taxable income £30,000 - £39,999	£420.00	£615.00
Taxable income >£70,000 £585.00 £855.00	Taxable income £40,000 - £69,999	£520.00	£720.00
	Taxable income >£70,000	£585.00	£855.00
Day rate (one day only) £195.00 £300.00	Day rate (one day only)	£195.00	£300.00
Honorary members of the British Pain Society No fee NA	Honorary members of the British Pain Society	No fee	NA
Student Rate (members and non-members)* £135 £135	Student Rate (members and non-members)*	£135	£135

^{*}Undergraduate or postgraduate students and earn less that £10,000 per annum. Proof of student status needed.

SOCIAL PROGRAMME

The BPS Annual Party at The Ivory, Wednesday 11th Mayl (19:00-02:30)

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

it will be a caon	<u>bar.</u>											
TOTAL AMOUN	NT TO PA	·Υ										
If registering for	one day ¡	please inc	licate	which	day T	uesda	ay / W	ednes	sday /	Thurs	sday	
Registration fee Party Ticket Total	£											
PAYMENT DET	AILS											
Payment by che	eque, paya	able to the	Britis	sh Pai	n Soc	iety						
Please debit my	credit ca	rd (Visa/M	laster(Card c	nly) fo	r the	sum of	£				
Cardholder's na	me (pleas	se print)										
Card number												
Issue no. (if on one valid from Expiry date Card Security C	/ / ode(The I	 last 3 num			l on the	e sign	ature s	trip oi	n the b	ack of	your c	eard)

Address where card is registered (if different front address on front of form)
Postcode:
1 Ostcode.
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.
your Trust/employer pays for your registration fees prior to the Meeting. *In order to process you request to invoice your trust/employer, we will require proof of their
your Trust/employer pays for your registration fees prior to the Meeting. *In order to process you 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.
*In order to process you 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
*In order to process you 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
*In order to process you 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
*In order to process you 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

Please return your completed registration form to us via email, fax or to the postal address below:



The British Pain Society 3rd Floor Churchill House 35 Red Lion Square London WC1R 4SG

Tel: 020 7269 7840 Fax: 020 7831 0859

Email: meetings@britishpainsociety.org
Web: www.britishpainsociety.org