



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

**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 .....

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Postcode: .....

Telephone: ..... Fax:.....

Email: .....

Have you submitted a poster abstract? Yes  No



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

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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).....

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



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