



**The British Pain Society Annual Scientific Meeting
London, 1-3 May 2019**

ONSITE REGISTRATION FORM

PERSONAL DETAILS

BLOCK CAPITALS PLEASE

Title First name* Surname*

Institution/city where you work

What is your British Pain Society Membership number?

Job title.....

Address for correspondence.....

.....

.....

Postcode:

Telephone: Fax:

Email:

Have you submitted a poster abstract? Yes No

ONSITE REGISTRATION FEES

Taxable Income	BPS Members	Non-members
Taxable income <£20,000 + retired	£250	£405
Taxable income £20,000 - £29,999	£350	£480
Taxable income £30,000 - £39,999	£450	£615
Taxable income £40,000 - £69,999	£520	£720
Taxable income >£70,000	£585	£855
Day rate (one day only)	£250	£365
Honorary members of the British Pain Society	No fee	No fee
Student Rate (members and non-members)*	£170	£200
*Undergraduate or postgraduate students and earn less than £10,000 per annum. Proof of student status needed.		

SOCIAL PROGRAMME:

Drinks Reception, Thursday 2nd May (18:00-21:30) **YES / NO**
Free entry

TOTAL AMOUNT TO PAY:

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

Registration fee £.....

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*)

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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. It is the responsibility of the Delegate(s) named above to ensure that correct invoicing details, including PO Number, have been provided for the purposes of payment of this invoice by the due date.*

If any details are missing or incorrect and therefore payment is withheld or delayed, it will be the responsibility of the Delegate(s) named above to make alternate payment arrangements.

Contact name

Contact address (including department)

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Contact telephone number.....

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

