

# REGISTRATION FORM - ARTERY 10 (17<sup>th</sup>-19<sup>th</sup> October 2010, Verona)

**Please complete clearly and in BLOCK CAPITALS**

(Note: Hotel accommodation should be booked on a separate form and returned to ENDES, NOT the Secretariat)

Family Name: ..... First Names: .....

Prof/Dr/Mrs/Miss/Ms etc: .....  Male  Female

Speciality: ..... Grade: .....

Work Address: .....

City: ..... Country: .....

Post/Zip Code: ..... E-mail\*: .....

Business Tel. No: ..... Fax No: .....

*\*Note: It is important that you provide an e-mail address, so that notification can be sent to you when the final details of the conference are available on the conference website.*

<b>Registration Fee</b>	<input type="checkbox"/> <b>€225.00</b> Members full <input type="checkbox"/> <b>€135.00</b> Members day <sup>†</sup>		<b>Payment</b>
	<input type="checkbox"/> <b>€365.00</b> Non-members full <input type="checkbox"/> <b>€250.00</b> Non-members day <sup>†</sup>		
	<input type="checkbox"/> <b>€125.00</b> Student/Trainee full <sup>††</sup>		€
	<sup>†</sup> Day Registrations - please specify on which day you wish to attend: Sunday/ Monday / Tuesday (delete) <sup>††</sup> Student registrations must be accompanied by a letter from the Department Head, confirming eligibility		
<b>Conference Dinner</b>	Conference Dinner at Palazzo e Giardino Giusti Monday 18 <sup>th</sup> October 2010	Please state Number of tickets at €75.00 each ..... Number of tickets at student rate of €35.00 each .....	€
<b>TOTAL PAYMENT (Registration Fee and Conference Dinner):</b>			

Please indicate any special requirements below:

**Vegetarian Diet**       **Other** (Please state foods that you are unable to eat) .....

**Access needs** (please specify e.g. wheelchair user, mobility difficulties, hearing impaired etc.).....

<b>Payment Details</b>	Registrations will <b>NOT</b> be accepted without payment <b><u>All payments to be in Euros</u></b> Please fully complete - all sections are essential in order to process payment
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**By cheque/bank draft**      Payable to 'Artery'

**Please deduct the total sum due from:**

**Credit Card:**       MasterCard       Visa

Card No: \_\_\_\_\_

Security Code (last 3 digits of the code on the reverse of the card): \_\_\_\_\_

Expiry Date: \_\_\_\_\_      Cardholder's Signature: \_\_\_\_\_

*Please note credit card payments are subject to an additional charge (MasterCard & Visa: 2.95%)*

Cardholder's billing address, including postcode of the cardholder, if not the delegate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By returning your completed registration form you are agreeing to the terms & conditions of the conference, including, credit card charges & any cancellation policies for registration fees and accommodation costs, which are outlined within this Announcement. You are also agreeing to your name and town being included in the list of participants and your email address being used by the Secretariat.

*Hampton Medical Conferences may make your contact details available to selected third parties that may be of interest to you. If you do NOT want your details to be passed on, please tick (✓) here:*

**Please return to:** Artery 10, Hampton Medical Conferences Ltd, 113-119 High Street, Hampton Hill, Middlesex TW12 1NJ, U.K.  
 Fax: +44 (0) 20 8979 6700 (Credit card payments only)