

MEMBER APPLICATION FORM



CONVENTION 2010



SATURDAY 18 / SUNDAY 19 SEPTEMBER 2010

AT THE BRITISH MEDICAL ASSOCIATION, TAVISTOCK SQUARE, LONDON

MEMBERSHIP NUMBER NAME

ADDRESS

FAMILY MEMBERSHIP NUMBER NAME

GUEST NAME(S).....

NUMBER OF CONVENTION ENTRY TICKETS : (a) **Member – Weekend** **@£15** £.....

(b) **Guest(s) – Weekend** **@£20** £.....

WEEKEND GUEST NAME(S).....

(c) **Member - Sunday only** **@£8** £.....

(d) **Guest(s) - Sunday only** **@£10** £.....

SUNDAY ONLY GUEST NAME(S).....

OMRS DINNER AT THE RAF CLUB, 128 PICCADILLY, LONDON ON SATURDAY 18 SEPTEMBER 2010

NUMBER OF DINNER TICKETS REQUIRED AT **£ 35.00** PER PERSON £.....

GUEST NAME(S).....

PLEASE PROVIDE DETAILS OF ANY SPECIAL DIETARY REQUIREMENTS :.....

EXHIBITOR YES / NO** **FIRST TIME EXHIBITOR** YES / NO** **DISPLAY CASE REQUIRED** YES / NO**

EXHIBIT TITLE

CATEGORY** OPEN CLASS / SINGLE MEDAL / RESEARCH PROJECT

SHORT DESCRIPTION OF THE EXHIBIT CONTENT

CHEQUE TO THE VALUE OF £ ENCLOSED TO COVER CONVENTION ENTRY AND DINNER COSTS, OR

I WISH TO PAY** BY VISA / AMERICAN EXPRESS / DELTA / MASTERCARD / SWITCH ISSUE NO

CARD EXPIRY DATE

CARD NUMBER

NAME ON CARD

SIGNATURE

**** DELETE AS NECESSARY AND RETURN COMPLETED FORM TO: MRS DAHLIA HARRISON, CONVENTION ADMINISTRATOR, 7 BRAEMAR ROAD, LILLINGTON, LEAMINGTON SPA, WARWICKSHIRE, CV32 7EZ.**