

## Registration Form

### Registration

BSH member

£60

Non-BSH member

£150

Employee of pharmaceutical/medical device industry or agency

£250

### BSH membership

I would like to become a member of the BSH (please consult the BSH website, [www.bsh.org.uk](http://www.bsh.org.uk), for details and a membership form)  
My membership fee of £35 (nurse or trainee) or £45 (Consultant/Doctor) is included in the total payment below.

### Total payment

I will make a BACS payment to the following account: Sort code: 20-07-82; Account No: 00452912 (with my surname and initial(s) as the reference) for a total of: £

I will make a payment via  [PayPal](mailto:events@bsh.org.uk) to [events@bsh.org.uk](mailto:events@bsh.org.uk).

I will call the BSH conference hotline on 01225 430508 to make payment by credit/debit card for a total of:£  
(Please see further details on the Information page which can be found in the programme)

I require an invoice and will email details of purchase order number and invoice address to [events@bsh.org.uk](mailto:events@bsh.org.uk)

Confirmation of registration will be sent out on receipt of payment.

### Poster presentation submission

I would like to display a poster and will submit a brief outline to [events@bsh.org.uk](mailto:events@bsh.org.uk) by 28 February 2020

### Travel grant

I would like to apply for a travel grant and fulfil the criteria listed on the information page of the programme.  
(limited number available on a first come first served basis)

### Your Details

Name (incl. title):

Position:

Department:

Hospital/University/Workplace:  
(to be included on name badge)

Address ( home work):

Telephone:

E-mail:

Special Dietary Requirements:

### Please indicate your occupation:

Dietician    General Practitioner    Geriatrician    **Nurse (please specify)**    **Community**    **Primary Care**  
Secondary Care    Occupational Therapist    Pharmacist    Physiotherapist  
Other (please specify)

Certificate type required (tick one box only):    CPD (Doctors)    RCN (Nurses)    General Certificate of Attendance

We will produce a delegate list to be distributed exclusively to all those attending this meeting. It will include name and postal town only. Tick this box if you do not wish to be included in this list

Personal data (as defined by the Data Protection Act 1998) supplied by you is required for the preparation of meeting materials, to inform you of other meetings/initiatives that may be of interest to you (BSH-/BCS-related only) and for record-keeping purposes. By completing and returning this form, you agree that your data may be used and held on a 'need to know' basis for these purposes by the BSH. We will never share your data with a third party. If you do not wish to receive information on future BSH meetings/initiatives, please tick this box

To register your interest complete the registration form and click:  
or email back to [events@bsh.org.uk](mailto:events@bsh.org.uk)  
Alternatively contact the events conference line on 01225 430508