

**1st International Lymphoedema Framework Conference – 21-23 April 2009**  
**Registration Form**

I would like to secure a place at 1st International Lymphoedema Framework Conference for:

**Title (Dr, Mr, Mrs etc):** \_\_\_\_\_

**Forenames:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Preferred Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please secure \_\_\_\_\_ places for me. (All details of additional delegates are required for registration purposes).

- |   |   |
|---|---|
| <input type="checkbox"/> 3-Day Delegate         | (£297.28 Includes VAT) - Gala Dinner Required     |
| <input type="checkbox"/> 3-Day Delegate         | (£297.28 Includes VAT) - Gala Dinner Not Required |
| <input type="checkbox"/> 1-Day Delegate         | (£213.26 Includes VAT) - Gala Dinner Required     |
| <input type="checkbox"/> 1-Day Delegate         | (£148.64 Includes VAT) - Gala Dinner Not Required |
| <input type="checkbox"/> Editorial Board Member | (Free) - Gala Dinner Required                     |
| <input type="checkbox"/> Editorial Board Member | (Free) - Gala Dinner Not Required                 |
| <input type="checkbox"/> Speaker                | (Free) - Gala Dinner Required                     |
| <input type="checkbox"/> Speaker                | (Free) - Gala Dinner Not Required                 |
| <input type="checkbox"/> Gala Dinner Only       | (£64.63 Includes VAT)                             |
| <input type="checkbox"/> Exhibition Only        | (£23.50 Includes VAT)                             |

**PAYMENT – ALL BOOKINGS MUST BE ACCOMPANIED BY A CHEQUE OR CREDIT CARD DETAILS**

**I WISH TO PAY BY: (tick appropriate)**

Cheque  Credit Card  Debit Card  Visa  Delta  Switch  Solo  Mastercard  Electron

£ \_\_\_\_\_

My Credit / Debit Card Number is:

\_\_\_\_\_ Security No: \_\_\_\_\_

Issue Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Post Code (of Card Holder): \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Cheques to be made payable to Wounds UK**

**Booking Conditions on Website apply**

**For accommodation, please book online: [www.reservation-highway.co.uk](http://www.reservation-highway.co.uk).**

**Telephone Reservation Highway Helpdesk: +44 (0) 1423 525577**

**Registration Forms to be sent to:**

**Wounds** UK

**Suite 3.1, 36 Upperkirkgate  
Aberdeen, AB10 1BA**