

Registration Form

The registration fee includes registration for the Symposium and all catering – and is non-refundable. Please make cheques payable to The Royal Society of Medicine. Receipts and acknowledgements will be issued prior to the event.

General Practitioners, Clinic Doctors, Hospital Doctors

FEE £165

Nurses

FEE £115

I am a: G.P. Clinic Dr. Hospital Dr. Nurse Other Health Professional

Register online: www.rsm.ac.uk/diary

Payment by cheque: I enclose payment of £ _____ by cheque made payable to
The Royal Society of Medicine

Payment by credit or debit card: I would like to pay by

Visa / Mastercard / Amex / Switch / Delta *(please delete as applicable)*

Card/Switch Number

Start Date / Expiry Date / Issue N° (Switch only)

Card Security Code* *This is the 3 (or 4 for Amex) digit code in the signature area on the back of your card on the far right hand side.

Cardholder's Signature _____

Please use a separate sheet to provide the cardholder's name and address, if different from information provided on the form below. Payment is required 4 working days before the meeting.

Name: *(as it should appear on your badge/certificate)*

(PLEASE PRINT CLEARLY)

Address: Work/Home *(please specify)*

Town

Postcode

Daytime Telephone

Email Address

Special Dietary Requirements

A donation to support the core services of Women's Health Concern would be much appreciated. You can donate online at www.womens-health-concern.org or via www.justgiving.com/whc Alternatively you can make a gift aided donation on the day via cheque made payable to **Women's Health Concern** or in cash.

I would like to continue to receive relevant information and correspondence from Women's Health Concern

I would like to receive information regarding membership of The Royal Society of Medicine *(please tick)*

Please return this page to: Women's Health Concern, c/o Academic Department,
The Royal Society of Medicine, 1 Wimpole Street, London, W1G 0AE.