



Celebrating
25
Years



Registration form

25TH ANNUAL SYMPOSIUM ON WOMEN'S HEALTH

Wednesday 4 November 2015, Royal College of Obstetricians & Gynaecologists

	BMS Member	Non BMS Member
General Practitioners, Clinic Doctors, Hospital Doctors	£185	£230
Nurses / Trainees†	£100	£130

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

Register online: www.womens-health-concern.org

Payment by cheque: I enclose payment of £ _____ by cheque made payable to:

British Menopause Society Limited

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

*Credit and non-UK debit cards incur a £2.50 transaction fee

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

Card/Switch Number

Start Date / Expiry Date / Issue No (Switch only)

Card Security Code**

Cardholder's Signature

** 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. † Trainees, please include with your registration an approval letter signed by your head of department or college tutor.

Credit/debit card receipts/statements will show 'British Menopause Society' our parent charity.

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.

Gift Aid Declaration

I wish to make a donation of £ _____ to support the work of WHC. Applying Gift Aid means that for every pound you give, we get an extra 25 pence from the Her Majesty's Revenue and Customs, helping your donation go further. This means that £10 can be turned into £12.50 just so long as donations are made through Gift Aid.

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I want all donations I've made since 6 April 2000 and all donations in the future to be Gift Aided until I notify you otherwise.

(To qualify for Gift Aid, what you pay in income tax or capital gains tax must at least equal the amount we will claim in the tax year).

The information you provide will be held under the Data Protection Act and may be passed to carefully screened sponsors.

If you do not wish to be contacted by them, please tick the box.

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

PLEASE PRINT CLEARLY

Address Work/Home (please specify)

Town

Postcode

Email

Daytime telephone

Special dietary requirements

Please return this page to: **Women's Health Concern, Ground Floor, East Wing, Spracklen House, Dukes Place, Marlow, Bucks, UK, SL7 2QH.**

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 British Menopause Society Limited or in cash.