

Registration form

Register online at www.womens-health-concern.org/symposium or complete the form below.

Name (and title) _____

Telephone number _____

Email address _____

Occupation

Doctor (GP)	<input type="checkbox"/>	Doctor (Hospital)	<input type="checkbox"/>	Consultant	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	Pharmacist	<input type="checkbox"/>	Industry	<input type="checkbox"/>
Affiliate	<input type="checkbox"/>	Allied healthcare professional	<input type="checkbox"/>		

Organisation _____

Work address _____

Are you happy to receive email updates about WHC and BMS educational courses and other activities? (not applicable to BMS members) YES NO

Are you happy for your details to be passed to the exhibitors and others supporting this meeting? (full details available on the WHC website) By telephone By post By email

Payment

	BMS Member	Non BMS Member
General Practitioners / Hospital Doctors / Consultants / Others	£185 <input type="checkbox"/>	£230 <input type="checkbox"/>
Nurses / Allied HCPs / Affiliates	£100 <input type="checkbox"/>	£130 <input type="checkbox"/>

Payment by credit or debit card: I would like to pay by: Visa | Mastercard *(Please circle)*

Number

Expiry date Security code*

* This is the 3 digit code in the signature area on the back of your card.

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

Please complete this form and return to:

**Women's Health Concern 30th Annual Symposium,
Spracklen House, East Wing, Dukes Place, Marlow, Bucks, SL7 2QH, United Kingdom**