

PARTICIPANT INFORMATION (BLOCK CAPITALS)

Last Name _____ First Name _____ Title _____
 Institution or Company _____
 Address _____
 Post code _____ City _____ Country _____
 Email (please write clearly) _____
 Telephone _____ Fax _____

SPECIALTY

Please tick one

- Vascular Specialists Endocrinologists Neurologists Podiatrists
 Diabetologists Wound Care Specialists Orthopaedics Dermatologists
 Plastic Surgeons Other (please specify) _____

SYMPOSIUM REGISTRATION

Venue: Holiday Inn Munich City Centre, Hochstrasse 3, 81669 Munich

Please tick a box to confirm attendance

	Full registration	Junior doctor registration	Technologist/Nurse
ilegx summit Tuesday 13 October – Wednesday 14 October	<input type="checkbox"/> £395 / €480	<input type="checkbox"/> £195 / €240	<input type="checkbox"/> £145 / €180
Total	£..... €.....	£..... €.....	£..... €.....

- Special rates valid on applications received by 7 August 2009. Rates inclusive of VAT. Euros accepted for payments by cheque, bank transfer and online registration.
- Credit card payments received via mail or telephone will be processed in GBP and debited in Euros at the current rate of exchange.
- Cancellation Policy:** Cancellation prior to 11 September 2009 will be subject to a 20% administration charge. We regret that refunds after this date will not be available.

PAYMENT

Credit card: Please charge my credit card with the amount of

Card type: VISA / MASTERCARD / DELTA / SWITCH / AMEX Please specify

Card number _____ Expiry date _____ 3 digit security code _____ Issue no _____
(on back of card) (4 digits for Amex) (Switch only)

Cardholder's name _____ Cardholder's signature _____

Payment by cheque enclosed: Please make cheque in GBP or Euros payable to BIBA MEDICAL LTD

Payment by bank transfer: If paying by bank transfer the money must be received before 1 October 2009.

Sterling GBP: Account No: 01148583

Account name: BIBA Medical Ltd

Sort code: 40-02-35

IBAN No: GB30MIDL40023501148583 Swift Code: MIDLGB22

Euro Account No: 57091122

Account name: BIBA Medical Ltd

Please pay to: MIDLGB22 (HSBC Bank plc Swift address)

in favour of IBAN Number: GB73MIDL40051557091122

VAT Registration Number 730681150 Ref: ilegx01

Address: HSBC, 357 Upper Richmond Road West, London SW14 8QW, UK. Please include a copy of your bank transfer. Quote your surname as reference.

HOTELS (all 4 star)

Occupancy required	Single <input type="checkbox"/>	Double <input type="checkbox"/>	Breakfast
Holiday Inn Munich City Centre	<input type="checkbox"/> €175.00	<input type="checkbox"/> €215.00	Included
Hilton Munich City	<input type="checkbox"/> €187.00	<input type="checkbox"/> €215.00	Included
Novotel Munich City	<input type="checkbox"/> €168.00	<input type="checkbox"/> €208.00	Included

All rates are inclusive of VAT. All hotel rooms are held against your credit card and must be paid for on departure.

BOOKING DETAILS

Arrival date _____ Departure date _____ Smoking room preferred
 Number of nights _____ Rate per night € _____ Total due € _____ Non smoking room
based on first preference subject to availability

PAYMENT

**Hotel reservations can only be confirmed with a valid credit card to guarantee the booking.
 Confirmed reservations must be cancelled directly to the hotel 24 hours prior to arrival to avoid being charged.**

Credit card: I give authorisation to use my credit/debit card to guarantee the hotel booking