

ilegx - Tackling the Four Major Causes of Amputation

An integral part of the Charing Cross Symposium

Venue: Imperial College School of Medicine, Exhibition Road, London SW7 2AZ, UK

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
- | | | | |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Vascular Specialists | <input type="checkbox"/> Endocrinologists | <input type="checkbox"/> Neurologists | <input type="checkbox"/> Podiatrists |
| <input type="checkbox"/> Diabetologists | <input type="checkbox"/> Wound Care Specialists | <input type="checkbox"/> Orthopaedics | <input type="checkbox"/> Dermatologists |
| <input type="checkbox"/> Plastic Surgeons | <input type="checkbox"/> Other (please specify) _____ | | |

SYMPOSIUM REGISTRATION

ILEGX REGISTRATION RATES

This rate includes entry to all CX events

2 Day ilegx Rate

(Excludes entry to other CX Events and CX symposium book)

£295 / €335

Special rate

£270 / €295

£

€

2 Day ilegx Rate

(Includes entry to all CX Events and CX symposium book)

£495 / €550

Special rate

£445 / €490

£

€

Full registration

(includes symposium book)

£795 / €900

Special rate

£675 / €740

£

€

Junior doctor registration

(includes symposium book)

£495 / €590

Special rate

£445 / €490

£

€

Vascular technologist/nurse

(excludes symposium book)

£195 / €225

Special rate

£145 / €185

£

€

- Special rates valid on applications received by 31 January 2011. Rates inclusive of VAT. Euros accepted for payments by cheque, bank transfer and online registration.
- Please note: At busy times access to the main auditorium will be restricted to the holders of a Full Registration. All other delegates will be able to watch and listen to the proceedings through CCTV in one of the lecture theatres.
- 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 9th March 2011 will be subject to a 20% administration charge. We regret that refunds after this date will not be available.

Please specify which of these events you wish to include in your registration

CX Vascular Revision Course	Saturday 9th April	<input type="checkbox"/>	CX Innovation Showcase	Sunday 10th April	<input type="checkbox"/>
CX EVEREST Simulation Course	Saturday 9th April	<input type="checkbox"/>	CX Office Based Vein Practice	Monday 11 April The course will be held twice, at 10.00am and repeated at 2.00pm. <input type="checkbox"/> 10.00am <input type="checkbox"/> 2.00pm	
CX Vascular Imaging Course	Saturday 9th April	<input type="checkbox"/>	CX St George's Vascular Access Course (2 days)	Monday 11th April & Tuesday 12th April	<input type="checkbox"/>
Linc @ CX	Sunday 10th April	<input type="checkbox"/>	ilegx (2 days)	Monday 11th April & Tuesday 12th April	<input type="checkbox"/>

LUNCH

Lunch is included in the delegate fee

Please tick if vegetarian

PAYMENT

Credit card: Please charge my credit card with the amount in the **Total Payment Due** section above

Card type: VISA / MASTERCARD / DELTA / MAESTRO (UK ONLY) / AMEX Please specify

(Switch only)

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

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 April 2010

Sterling GBP: Account No: 01148583

Account name: **BIBA Medical Ltd**

Sort code: 40-02-35

IBAN No: **GB30MIDL40023501148583** Swift Code: **MIDLGB22**

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

Euro Account No: 57091122

Account name: **BIBA Medical Ltd**

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

in favour of IBAN Number: **GB73MIDL40051557091122**

Please include a copy of your bank transfer
 Quote your surname as reference.

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Last Name _____ First Name _____ Title _____
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 Telephone _____ Fax _____

HOTELS

Occupancy required	Single <input type="checkbox"/>	Double <input type="checkbox"/>	Breakfast	
Main Faculty Hotels	Please number Order of preference			
Millennium Gloucester Hotel	Fully booked	£155.00	£167.00	Included
Millennium Bailey's Hotel	<input type="checkbox"/>	£155.00	£167.00	Included
Grange Strathmore Hotel	<input type="checkbox"/>	£110.00	£132.00	Included
Rembrandt Hotel	Fully booked	£161.00	£161.00	Included
Regency Hotel	<input type="checkbox"/>	£152 Clubroom £133 Standard Room	£162 Clubroom £143 Standard Room	Included Included
Best Western Cromwell Hotel	<input type="checkbox"/>	£123.00	£138.00	Included
Holiday Inn (Forum)	<input type="checkbox"/>	£148.00	£158.00	Included
Royal Lancaster	Fully booked	£151.00	£165.00	Included
Crowne Plaza	<input type="checkbox"/>	£179.00	£189.00	Included
The Kensington Hotel	<input type="checkbox"/>	£183.00	£193.00	Included
The Radisson Edwardian Hotel	<input type="checkbox"/>	£148.00	£189.00	Included

All rates are inclusive of VAT 20%.
 All hotel rooms are held against your credit card and must be paid for on departure.
 All hotels are 10-15 minutes walk from Imperial College

BOOKING DETAILS

Arrival date _____ Departure date _____
 Number of nights _____ Rate per night £ _____ Total due £ _____
based on first preference
 Smoking room preferred Non smoking room 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 authorise the hotel to debit my credit/debit card with the **Total due** amount above

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 _____