

REGISTRATION FORM

BHIVA AUTUMN CONFERENCE 2017

Please complete and return:

Online: www.bhiva.orgPost: Mediscript Ltd, 1 Mountview Court,
310 Friern Barnet Lane, London N20 0LD

Fax: +44 (0)20 8446 9194

Please read the following sections carefully and complete in BLOCK CAPITALS

Prof / Dr / Mr / Mrs / Miss / Ms Family name: _____

First name: _____ Position: _____

Institution: _____ Town/city: _____

The above information will be used on your name badge.

Correspondence address: _____ Postcode: _____

Email: _____

Telephone: _____ Fax: _____

Are you a BHIVA member? Yes No Dietary requirements: Vegetarian Other: _____

SECTION A

BHIVA Autumn Conference, 16–17 November 2017

Discounted rates for BHIVA members (£)

Rates for non-BHIVA members (£) [▲]

	Discounted rates for BHIVA members (£)		Rates for non-BHIVA members (£) [▲]	
	Standard Up to 8 September 2017	Late After 8 September 2017	Standard Up to 8 September 2017	Late After 8 September 2017
Non-medic [▼]	155	235	255	335
Non-consultant	205	285	305	385
Consultant	265	345	365	445
Industry* [•]	420	500	420	500

£

I will attend the Drinks Reception from 1815-1915 Thursday 16 November 2017 Free of charge

SECTION B

BHIVA Hepatology Highlights for the Healthcare Specialist in collaboration with BVHG
1830-2030, Wednesday 15 November 2017

(Please only tick the box for this if you are able to attend)

[▲]Non BHIVA or non-CHIVA members may register for the meeting at the reduced member rate applying to each relevant conference if their registration form is accompanied by a completed BHIVA or CHIVA membership form and the appropriate payment (visit www.bhiva.org or www.chiva.org).[▼]Non-medic rates are intended for delegates who do not hold a medical degree and may be relevant for medical students, nurses, pharmacists, statisticians and some scientists, as well as others.[•]All registrants from industry must pay industry rates even if they are BHIVA or CHIVA members. Only forms received with full payment will be accepted and processed.

PAYMENT (in £ sterling)

TOTAL PAYMENT DUE

£

By cheque: I enclose a cheque made payable to BHIVA By credit card: I authorise payment by credit card. Card type: American Express MasterCard Visa Switch Issue no: (Switch only)Security code (last 3 digits on reverse): Valid from: (Switch only)Card number: Expiry date: (All cards)Name of card holder[†]: _____

Signature: _____ Date: _____

[†]if different from above

All rates shown above are inclusive of VAT at 20%

VAT Reg No. 689 5177 69

Processing your personal data

Information provided by you on the form will be processed by Mediscript Ltd and used for the purposes of:

- providing the goods and services ordered by you, and for billing and accounts
- sending you information about future conferences, events and other related services
- allowing limited third-party mailings from organisations where we believe their services may be of interest to you

If you wish to be excluded from receiving these mailings, please tick