

REGISTRATION FORM

(please use copies of this form for additional delegates)

Three-day Course on Obstetric Anaesthesia and Analgesia:
8 - 10 November 2010

Registration and payment may be made online at www.oaameetings.info

Surname/Family Name: _____

First name: _____

Title: Prof/Dr/Mr/Mrs/Miss/Ms _____

Speciality and grade: _____

Address: _____

Postcode _____ Country _____

Hospital (if different) _____

Tel no (hosp dept) _____ (home) _____

Mobile _____ GMC No (UK only) _____

Email: _____

PAYMENT

Registration fee: OAA/RCOG Member £475
(please tick) Non-Member £525

I enclose a cheque made payable to "OAA Meetings" for the registration fee
or

Please charge my credit card with the registration fee

VISA

MASTERCARD

DINERS

AMEX

MAESTRO

Cardholder's Name _____ (as it appears on card)

Card number

Maestro only

Date valid from /

Expiry date /

Card Security Code

Maestro: issue number

last 3 digits (4 for Amex) of number printed on signature strip

Cardholder's Signature _____

NOTE: In view of the popularity of this course delegates are strongly recommended not to make travel arrangements or hotel bookings until they receive confirmation of a place

Please detach and return to:

OAA Secretariat, PO Box 3219, Barnes, London SW13 9XR UK

or fax to: +44 (0)20 8741 0611