

REGISTRATION FORM

(please use copies of this form for additional delegates)

Refresher Day on Obstetric Anaesthesia and Analgesia: 13 October 2010

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 number (UK only)**

Email:

PAYMENT

<i>Registration fee:</i>	<i>OAA Member:</i>	£160	<input type="text"/>
	<i>Non-Member</i>	£180	<input type="text"/>

 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 the 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

Please detach and return to:
Tel: +44 (0)20 8741 1311OAA Secretariat, PO Box 3219 Barnes, London SW13 9XR UK
Fax: +44 (0)20 8741 0611 e-mail: registrations@oaa-anaes.ac.uk**Cancellation: Provided written notice of cancellation is received by the OAA Secretariat at least 10 days before the meeting, fees will be refunded less a £15 administration charge.**