



## Association of Surgeons of Great Britain and Ireland

Annual Scientific Meeting  
**THE COMPLEAT SURGEON**  
Edinburgh International Conference Centre, 3<sup>rd</sup> to 5<sup>th</sup> May 2006

### REGISTRATION FORM: OVERSEAS DELEGATES

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS  
A SEPARATE FORM IS REQUIRED FOR EACH DELEGATE  
(Please photocopy if necessary)

#### PERSONAL DETAILS

TITLE	<input type="text"/>	FIRST NAME	<input type="text"/>
SURNAME	<input type="text"/>	ADDRESS	<input type="text"/>
DAYTIME TEL	<input type="text"/>		
FAX NO	<input type="text"/>	POSTCODE	<input type="text"/>
EMAIL	<input type="text"/>	COUNTRY	<input type="text"/>

#### DELEGATE BADGE

Delegate details as you wish them to appear on the Conference Badge			
Name	<input type="text"/>	Hospital, Town and Country	<input type="text"/>



**ANNUAL SCIENTIFIC MEETING 3<sup>rd</sup> to 5<sup>th</sup> MAY 2006**

**The following are registration rates from Saturday 1<sup>st</sup> April to Monday 1<sup>st</sup> May 2006.**

<b>OVERSEAS DELEGATES (Consultants or Trainees)</b>	
Overseas Delegates – All 3 Days	£240 <input type="text"/>
Overseas Delegates – Wednesday only	£125 <input type="text"/>
Overseas Delegates – Wednesday and Thursday	£240 <input type="text"/>
Overseas Delegates – Wednesday and Friday	£240 <input type="text"/>
Overseas Delegates – Thursday only	£125 <input type="text"/>
Overseas Delegates – Thursday and Friday	£240 <input type="text"/>
Overseas Delegates – Friday only	£125 <input type="text"/>

**AMOUNT DUE (1)** £

**TAUGHT COURSES AND WORKSHOPS**

**Tuesday 2<sup>nd</sup> May 2006**

	<b>Attending the Annual Scientific Meeting</b>	<b>Not attending the Annual Scientific Meeting</b>
Advanced PowerPoint plus embedding and translating videos	£50 <input type="text"/>	£100 <input type="text"/>
Vascular Ultrasound	£75 <input type="text"/>	£150 <input type="text"/>
Laparoscopic Course	£100 <input type="text"/>	£200 <input type="text"/>
The Anatomy of Leadership	£100 <input type="text"/>	£200 <input type="text"/>
The British Journal of Surgery: How to Referee a Paper	£50 <input type="text"/>	£100 <input type="text"/>

**AMOUNT DUE (2)** £



**SATELLITE SYMPOSIUM**  
**Thursday 4<sup>th</sup> May 2006**

5.00pm to 6.30pm			
At the Cutting Edge of MRSA		Tick if wishing to attend	<input type="checkbox"/>
Sponsored by Pfizer Limited (no charge)			

**ASGBI ANNUAL DINNER**  
**Thursday 4<sup>th</sup> May 2006**

ASGBI Annual Dinner The National Museum of Scotland	Number attending	<input type="text"/>	Total Amount	<input type="text"/>	£
Thursday 4 <sup>th</sup> May 2006, 7.15pm for 8.00pm Black Tie, £65 per person					
If your partner is accompanying you to the Annual Dinner, please state your partner's name.					
Please state if there is anyone with whom you wish to be seated at the ASGBI Annual Dinner and we will do our best to accommodate you.					
Please state any special dietary requirements					

AMOUNT DUE (3)	£	<input type="text"/>
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<b>FULL TOTAL OF AMOUNT DUE (1, 2, 3) :</b>	£	<input type="text"/>
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## PAYMENT DETAILS

Payment may be made as follows (please indicate method of payment):

<input type="checkbox"/>	A sterling cheque for the total amount due, made payable to 'The Association of Surgeons'				
<input type="checkbox"/>	By Banker's Draft (Pounds Sterling only), made payable to 'The Association of Surgeons'				
<input type="checkbox"/>	By any of the credit cards listed below. Please indicate card type in box below. Please note that other cards are not accepted.				
<input type="checkbox"/>	Visa	<input type="checkbox"/>	Visa Delta	<input type="checkbox"/>	Switch
<input type="checkbox"/>	Mastercard	<input type="checkbox"/>	Access	<input type="checkbox"/>	American Express
<input type="checkbox"/>	Diners Club	<input type="checkbox"/>	Solo	<input type="checkbox"/>	Visa Electron

Please complete the following details when paying by Credit Card

Card Number	<input type="text"/>					
Valid From	<input type="text"/> MM	<input type="text"/> YY	Expiry Date	<input type="text"/> MM	<input type="text"/> YY	
					Issue No.	<input type="text"/>
					3 Digit Security Code	<input type="text"/>
Card Holder's Name	<input type="text"/>					
Card Holder's Address	<input type="text"/>					
Card Holder's Signature	<input type="text"/>					
Date	<input type="text"/> DD	<input type="text"/> MM	<input type="text"/> YY			

Please note that refunds will not be made on any registration or fees received after 31<sup>st</sup> March 2006 and cancellations before 31<sup>st</sup> March 2006 will be subject to a 10% administration charge. Confirmation of Registration will be forwarded to the address given on receipt of payment in full.

**PLEASE RETURN THIS REGISTRATION FORM BY POST TO:** Edinburgh 2006, The Association of Surgeons of Great Britain and Ireland, The Royal College of Surgeons of England, 35 – 43 Lincoln's Inn Fields, London WC2A 3PE, UK

**OR BY FAX TO 0044 207 430 9235**