



Association of Surgeons of Great Britain and Ireland

Annual Scientific Meeting
THE COMPLEAT SURGEON
Edinburgh International Conference Centre, 3rd to 5th May 2006

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 and Town | <input type="text"/> |
|------|----------------------|-------------------|----------------------|

MEMBERSHIP STATUS

Please tick appropriate category of Association Membership (if relevant)

| | | | | | |
|---------------------------------|--------------------------|----------------------------|--------------------------|----------------------|--------------------------|
| ASGBI Fellow | <input type="checkbox"/> | ASGBI Corresponding Fellow | <input type="checkbox"/> | Nurse/Paramedic* | <input type="checkbox"/> |
| ASGBI Senior Fellow | <input type="checkbox"/> | UK / EIRE Delegate* | <input type="checkbox"/> | Accompanying Person* | <input type="checkbox"/> |
| ASGBI Affiliate | <input type="checkbox"/> | Overseas Delegate | <input type="checkbox"/> | | <input type="checkbox"/> |
| ASGBI Associate Fellow | <input type="checkbox"/> | Trainee* | <input type="checkbox"/> | | <input type="checkbox"/> |
| *Sponsoring Fellow / Consultant | <input type="text"/> | | | | |



ANNUAL SCIENTIFIC MEETING 3rd to 5th MAY 2006

The following are registration rates from Saturday 1st April to Monday 1st May 2006

| FELLOWS AND MEDICAL DELEGATES OF CONSULTANT STATUS | |
|---|------|
| Fellows and Medical Delegates of Consultant Status – All 3 Days | £540 |
| Fellows and Medical Delegates of Consultant Status – Wednesday only | £210 |
| Fellows and Medical Delegates of Consultant Status – Wednesday and Thursday | £540 |
| Fellows and Medical Delegates of Consultant Status – Wednesday and Friday | £540 |
| Fellows and Medical Delegates of Consultant Status – Thursday only | £210 |
| Fellows and Medical Delegates of Consultant Status – Thursday and Friday | £540 |
| Fellows and Medical Delegates of Consultant Status – Friday only | £210 |

| AFFILIATE, ASSOCIATE, SENIOR AND HONORARY FELLOWS AND TRAINEES | |
|---|------|
| Affiliate, Associate, Senior and Honorary Fellows/Trainees – All 3 Days | £240 |
| Affiliate, Associate, Senior and Honorary Fellows/Trainees – Weds only | £125 |
| Affiliate, Associate, Senior and Honorary Fellows/Trainees – Wednesday and Thursday | £240 |
| Affiliate, Associate, Senior and Honorary Fellows/Trainees – Weds and Fri | £240 |
| Affiliate, Associate, Senior and Honorary Fellows/Trainees – Thursday only | £125 |
| Affiliate, Associate, Senior and Honorary Fellows/Trainees – Thurs and Fri | £240 |
| Affiliate, Associate, Senior and Honorary Fellows/Trainees – Friday only | £125 |

| SURGICAL CARE PRACTITIONERS | |
|--|------|
| Surgical Care Practitioners – All 3 Days (including Annual Dinner) | £190 |
| Surgical Care Practitioners – Wednesday only | £65 |
| Surgical Care Practitioners – Wednesday and Thursday (including Annual Dinner) | £185 |
| Surgical Care Practitioners – Wednesday and Friday | £130 |



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| Surgical Care Practitioners – Thursday only (including Annual Dinner) | | | | | | | | | £125 | <input type="checkbox"/> |
| Surgical Care Practitioners – Thursday and Friday (including Annual Dinner) | | | | | | | | | £185 | <input type="checkbox"/> |
| Surgical Care Practitioners – Friday only | | | | | | | | | £65 | <input type="checkbox"/> |

| | | | | | | | | | | |
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| NURSES AND PARAMEDICS | | | | | | | | | | |
| Nurses and Paramedics – All 3 Days | | | | | | | | | £125 | <input type="checkbox"/> |
| Nurses and Paramedics – Wednesday only | | | | | | | | | £65 | <input type="checkbox"/> |
| Nurses and Paramedics – Wednesday and Thursday | | | | | | | | | £125 | <input type="checkbox"/> |
| Nurses and Paramedics – Wednesday and Friday | | | | | | | | | £125 | <input type="checkbox"/> |
| Nurses and Paramedics – Thursday only | | | | | | | | | £65 | <input type="checkbox"/> |
| Nurses and Paramedics – Thursday and Friday | | | | | | | | | £125 | <input type="checkbox"/> |
| Nurses and Paramedics - Friday only | | | | | | | | | £65 | <input type="checkbox"/> |

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

| | | |
|-----------------------|---|----------------------|
| AMOUNT DUE (1) | £ | <input type="text"/> |
|-----------------------|---|----------------------|



TAUGHT COURSES AND WORKSHOPS
Tuesday 2nd May 2006

| | Attending the Annual Scientific Meeting | Not attending the Annual Scientific Meeting |
|---|---|---|
| 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) £ <input type="text"/> |

SATELLITE SYMPOSIUM
Thursday 4th 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 4th May 2006

| | | | |
|--|---------------------------------------|-----------------------------------|---|
| ASGBI Annual Dinner The National Museum of Scotland | Number attending <input type="text"/> | Total Amount <input type="text"/> | £ |
| Thursday 4 th 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. | <input type="text"/> | | |
| 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) £

ALS ANNUAL DINNER
Wednesday 3rd May 2006

ALS Annual Dinner
Vincaffe

Number attending

Total Amount

£

Wednesday 3rd May 2006, 7.30pm for 8.00pm
Lounge Suits, £50 per person

If your partner is accompanying you to the ALS Dinner, please state your partner's name.

Please state any special dietary requirements

AMOUNT DUE (4) £

FULL TOTAL OF AMOUNT DUE (1, 2, 3, 4) :

£

PAYMENT DETAILS

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

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



| | | |
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| <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" value="MM"/> <input type="text" value="YY"/> | Expiry Date | <input type="text" value="MM"/> <input type="text" value="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" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> | | |

Please note that refunds will not be made on any registration or fees received after 31st March 2006 and cancellations before 31st 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

OR BY FAX TO 0207 430 9235