



3rd Meeting of the ICI-RS 13th – 15th June 2011
Watershed Media Centre, Bristol, UK

(We recommend you edit this form using MS Word, use the TAB key or mouse to move the cursor between editable fields.)

REGISTRATION FORM

FULL NAME *(please print clearly)*

TITLE (Prof. / Dr. / Mr. / Mrs. / Ms. etc.)

Are you a member, or have you applied for ICI-RS Membership? Please Select

HOSPITAL/INSTITUTION ADDRESS

EMAIL

MOBILE / CELLPHONE

TEL (+codes)

FAX (+codes)

I will be attending the full meeting Please Select

I will be attending on 13th / 14th / 15th June
(please as appropriate)

Please book hotel accommodation at the Ibis Hotel on: 13th June 14th June 15th June
(please as appropriate)

Or, please **do not** book hotel accommodation for me; I shall arrange my own accommodation:
(please as appropriate)

I shall be accompanied Please Select

NAME of guest
(if applicable)

I wish to attend the dinners on [NB. dinners are included within your delegate registration fee]
(please all that apply and select the number of places required):

13th June Required 14th June Required 15th June Required

Please note:

You will need to add a payment for your **guest(s)** attending any of the dinners at a cost of: £25 for 13th June, £40 for 14th June and £25 for 15th June.

Special dietary requirements, if appropriate, e.g. vegetarian:

REGISTRATION FEES

(to include accommodation in the Ibis hotel)

£100 (Registering before 13 May 2011) for full attendance

Please add the cost of your guest's dinners, if appropriate

£250* (if registering after 13 May 2011 or for part attendance)

Please add the cost of your guest's dinners, if appropriate.

*(*please see website for explanation of price structure)*

Please complete the page overleaf for payment and credit/debit card details

PAYMENT DETAILS

Payment of £ should be made by debit/credit card (**NOT** American Express) or directly into the bank.

Card payment:

Direct bank payment:

Card / Debit Card Details:	For BACS & International payments:
Card Type (i.e. Maestro, Visa etc): - Plese Select -	Bank: CitiBank
Card Number	Account No : 12298414
Name on Card:	Sort Code: 08-33-00
Expiry Date: Start Date (if applicable):	IBAN: GB22CITI08330012298414
3 digit Security Number: <i>(last 3 digits found on the reverse of your card)</i>	SWIFT Code: CITIGBL
Issue No (if applicable):	As a reference please quote: BUI
Amount to be debited: £ <i>(in pounds sterling)</i>	
Full Address to which the card is registered :	
Postal/Zip Code:	

Please complete this form and return it by email to: kklevmark@ici-rs.org
Or fax it to **+44 (0)117 323 8830**