

# REGISTRATION FORM

## Annual Meeting, Edinburgh - 16th to 19th March 2003

Please complete this form in TYPE or BLOCK CAPITALS throughout and return with your payment to:

**Society of Cardiothoracic Surgeons of Great Britain & Ireland, 35-43 Lincoln's Inn Fields, London, WC2A 3PE**

**Tel: 020 7869 6893**

**Fax: 020 7869 6890**

**Email: sctsadmin@scts.org**

Please complete one form per delegate. If you require additional copies, a photocopy of this form is acceptable or contact SCTS for additional copies. A receipt/confirmation of booking will be issued to all registrants.

Accommodation may be booked direct with Edinburgh hotels (as detailed in the meeting information). SCTS is **not** in a position to make accommodation reservations on your behalf.

Family Name _____		First Name _____		Title _____	
Hospital or Organisation _____					
Correspondence Address: _____					
_____				Post Code _____	
Telephone: _____			Fax: _____		
Email: _____					
Membership category:	<input type="checkbox"/> Consultant	<input type="checkbox"/> Trainee	<input type="checkbox"/> Overseas	<input type="checkbox"/> Associate	
	<input type="checkbox"/> Honorary	<input type="checkbox"/> Senior	<input type="checkbox"/> Non-member		

Entire Meeting	Before 1st February	2nd Feb to 8th March	From 9th March	
Member	<input type="checkbox"/> £200	<input type="checkbox"/> £250	<input type="checkbox"/> £300	£ _____
Non-Member	<input type="checkbox"/> £300	<input type="checkbox"/> £350	<input type="checkbox"/> £400	£ _____
Nurse/Perfusionist/PAM	<input type="checkbox"/> £200	<input type="checkbox"/> £250	<input type="checkbox"/> £300	£ _____
<b>Day Rate (Cost per day)</b>				
Member	<input type="checkbox"/> £100	<input type="checkbox"/> £125	<input type="checkbox"/> £150	£ _____
Non-Member	<input type="checkbox"/> £150	<input type="checkbox"/> £175	<input type="checkbox"/> £200	£ _____
Nurse/Perfusionist/PAM	<input type="checkbox"/> £100	<input type="checkbox"/> £125	<input type="checkbox"/> £150	£ _____
<i>Day of Attendance</i>	<input type="checkbox"/> <i>Mon</i>	<input type="checkbox"/> <i>Tues</i>	<input type="checkbox"/> <i>Wed</i>	

### St Jude Postgraduate Day - Sunday 16th March 2003

*Open to Society Members only. Please indicate if you wish to attend (irrespective of boxes ticked above)*

Consultant Member	<input type="checkbox"/>	£ NO FEE
Trainee Member	<input type="checkbox"/>	£ NO FEE
SpR Year (please tick)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	

### Annual Social Event (Edinburgh walking tour & supper)

*Please indicate if you wish to attend (irrespective of boxes ticked above)*

Complimentary to 'Entire Meeting' delegates	<input type="checkbox"/>	£ NO FEE
'Day Rate' delegates (£25 per head)	<input type="checkbox"/>	£ _____
Guest tickets (£50 per head)	Number Required _____	£ _____
Special dietary requirements (please specify) _____		

See Over

**Subtotal (registration) £**

Participants Family Name .....

## MEMBERS' SUBSCRIPTION PAYMENT FOR 2003

Consultant member	<input type="checkbox"/> £225	£ _____
Trainee member	<input type="checkbox"/> £115	£ _____
Overseas member	<input type="checkbox"/> £115	£ _____
Associate member	<input type="checkbox"/> £60	£ _____
Honorary / Senior member	<input type="checkbox"/> Complimentary	£ NO FEE
Non-member	N/A	N/A
Journal of Thoracic and Cardiovascular Surgery	<input type="checkbox"/> £110	£ _____

**Subtotal (subscription)**    £

## PAYMENT DETAILS

**TOTAL FEE DUE** = Subtotal (registration) + Subtotal (subscription)    £

I enclose a cheque/bankers draft in pounds sterling made payable to 'Society of Cardiothoracic Surgeons' for the total amount shown above inclusive of VAT at 17.5%

Please debit my Visa / Mastercard / American Express / Switch for the total amount shown above inclusive of VAT at 17.5%

Card number   

Expiry Date    /     Issue number (Switch)   

Name and address of cardholder if different from that on the front of the form:

Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

## Cancellations

Notification of cancellation must be received in writing to the Society of Cardiothoracic Surgeons of GB & Ireland. Cancellations of registration will be accepted until February 14th 2003 with a refund of all prepaid fees except for an administration charge of £50. After that date no refunds can be made. The Society cannot be involved or responsible for any cancellations relating to accommodation.

I declare that I have read and agree with the cancellation policies set out by the Congress Secretariat, SCTS.

Signature \_\_\_\_\_ Date \_\_\_\_\_