



BPNA

Booking Form
Bristol 2006

British Paediatric Neurology Association XXXII Annual Conference

Delegate Details:

Title: _____ First Name: _____
Surname: _____ Trainee: Yes / No
Place of Work: _____
Address for correspondence: _____

Telephone: _____ Fax: _____
Email: _____

Conference Attendance:

Fee Payable

Full attendance at conference 18-20 January 2006

Fee includes conference attendance and meals, but **not** accommodation (£308.00)

£ _____

Day delegate attendance

Please indicate which day(s) you wish to attend and if you will require evening meals.

Wednesday, 18 January 2006: Conference attendance (£110) £ _____
Dinner at the Marriott Royal Hotel (£30) £ _____
Thursday, 19 January 2006: Conference attendance (£110) £ _____
Gala Dinner (£45) £ _____
Friday, 20 January 2006: Conference attendance (£110) £ _____

Accommodation:

Please indicate your choice of hotel (1st, 2nd or 3rd). Allocation will be made according to availability. The cost for bed and breakfast per night is shown below each.

Premier Travel Inn (£57.95) Thistle Hotel (£90.00) Marriott Royal Hotel (£125.00)

I will be arriving on _____ and will stay for _____ nights. £ _____

TOTAL £ _____

Special Requirements (accommodation and/or dietary requirements etc):

Payment Method:

Cheque enclosed payable to 'BPNA - Conference' Credit Card BACS

Credit Card Number: _____
Card Type: _____ Expiry Date: _____ Start Date/Issue No: _____
Card holder's name: _____ Telephone: _____
Card holder's address (if different from above): _____

Postcode: _____
Card holder's signature: _____

Please return this form to: Mrs P J Rodie, BPNA 2006, Bridge House, Harrow Road, Bolton, BL1 4NH
Telephone: 07812 660878 Fax: 0117 930 4740