



Booking form

PLEASE USE THIS FORM TO BOOK

The cost is **£35pp** including light refreshments, a buffet lunch and teas/coffees. Please book as early as you can and try to support the event. **Closing Date for booking 19th April 2019**

*** 1 form for each delegate**

YOUR DETAILS (please complete using black ink in BLOCK CAPITALS)

Mr/Mrs/Ms/Miss/Dr _____

First Name _____ **Surname** _____

Institution (Unit/Hospital)

Address

City _____ **County/Area** _____

Postcode _____

Phone _____

Email _____

Country _____

Membership No. (If Applicable) _____

Dietary Requirements (if any) _____

Please send cheques made payable to **The IMPT** together with this booking form to:

Hitesh Koria
Maxillofacial Prosthetics Department
Queen Elizabeth Hospital
Mindelsohn Way
Birmingham
B15 2GW

Alternatively you can pay into the following account via. BACS

IMPT Leading A/C

Sort code: **40-17-16**

Account number: **51325558**

Payment Reference: **Your name/AGM**