**The Place of Orthotics and Prosthetics within the NHS**
**Thursday 2 October 2008**
**The Congress Centre, 23 – 28 Great Russell Street**
**London C1B 3LS**

## YOUR PERSONAL DETAILS

Please give your name, discipline and employer as you would like them to appear on your delegate badge

| | |
|---|---|
| Name | Title First Name Surname |
| Discipline | |
| Employer | |

| | |
|---|---|
| Address for Correspondence | Daytime telephone no. |
| Email address | BAPO membership No. (*if Applicable)* |

DELEGATE RATE £95 (Non Members) £87 (Members)

**Credit card payment details**

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| Type of card: | | | | | | | | | | | | | | | | | | | |
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| Expires: | | | / | | | | | | | | | | | | | | | | |
| This line for Maestro cards only. | | | | Start Date | | | | / | | | Issue No. | | | | | | | | |
| Signed | | | | | | | | | | | Date | | | | | | | | |

**I enclosed a cheque for £_____ made payable to "baPo Ltd".**

I understand that:
- My registration fee is not refundable
- I am responsible for booking my own accommodation

Signed_____ Date _____

Please return this form to: - BAPO Secretariat, Sir James Clark Building, Abbey Mill Business Centre, Paisley PA1 1TJ Scotland UK Tel: 0845 166 8490 Fax: 0141 561 7218 or email to morag@bapo.com