



BRITISH ASSOCIATION OF PROSTHETISTS AND ORTHOTISTS

Annual Conference, De Vere Whites Hotel, Bolton 5 - 6 March 2010

Conference Delegate Registration Form





General Information

- All Conference delegates should complete this form. Please use one form per person. Additional copies are available on request.
- Registration can only be made by completing all the relevant sections of this form. We cannot accept telephone bookings.
- Please use black ink and block capitals.

Deadline dates and penalties

- Please post or fax your completed form, with payment, to **baPo Ltd** to arrive by 15 January 2010

Financial Information

- Receipts for payment will be issued to each individual attendee.
- We will not accept this form without full payment of the grand total. Please do not include payment for anything else – Conference payment only.
- We will accept payment by credit card from any of the cards shown here    
- If your employer is meeting all or part of your conference costs:-
- Please treat this form as a temporary invoice and pass it to your employer's finance department for cheque requisitioning.
- We regret that baPo Ltd is unable to issue invoices to individual employers. Instead, we will issue a receipt to each individual attendee upon payment. It will be each attendee's responsibility to copy it to their employer.
- Where an employer is meeting the costs of several attendees, payment for the accumulative total should accompany all registration forms. For example, for 6 attendees from one Company, return 6 forms with one Company cheque for the combined grand total.
- If an employer is only meeting part of the grand total it is the responsibility of each attendee to meet the difference. For example, a Company cheque plus a personal cheque should be attached to this form. Please also attach a clear breakdown of the payment.

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
	Prosthetist, Orthotist, Prosthetist/Orthotist, P/O Technician, Student, Other (please specify)		
Discipline			
Employer			
Address for correspondence		Day time Telephone no:	
		Email Address	
		BAPO Membership No. (if applicable)	

Please complete the appropriate sections overleaf

- **Delegates will have access to both the Clinical Programme and the Exhibition Programme.**
- ***MEMBER EARLY PAYMENT DISCOUNT - until 24 December 2009 Fee £135. Available to Full Members Whole weekend only. From 25 December 2009 onwards Fee £180**
- ****OTHER EARLY PAYMENT DISCOUNT – until 24 December 2009 Fee £230. Available to Non Members Whole weekend only. From 25 December 2009 onwards fee £275**

REGISTRATION FEES. Please choose ONE registration category and insert the correct fee in the Amount Payable column.		Amount Payable
Category A Whole weekend: Friday & Saturday	BAPO Member Fee - *£135/£180 BAPO Affiliate Fee - £115 BAPO Associate Fee - £115 BAPO Student Fee - £75 Other Fee - **£230/£275	
Category B Friday only	BAPO Member Fee - £95 BAPO Affiliate Fee - £70 BAPO Associate Fee - £70 BAPO Student Fee - £50 Other Fee - £175	
Category C Saturday only	BAPO Member Fee - £135 BAPO Affiliate Fee - £85 BAPO Associate Fee - £85 BAPO Student Fee - £65 Other Fee - £230	
Saturday Dinner / Dance	No of tickets required <input type="text"/> (Tickets are non refundable) @ £30 per ticket (includes VAT)	
Total registration fees <i>(includes VAT)</i>		

GUEST REGISTRATION		
Guests may attend the Exhibition Programme on Friday 5 March ONLY from 18.00hrs to 22.00hrs		
<ul style="list-style-type: none"> A charge of £30 per guest (incl. VAT) is due to cover catering costs (NB: no charge for children under 16yrs) Please give the name(s) of your guest(s) 		
Guest Name(s)		£30 per guest <i>(children admitted free)</i>
		£
		£
Total Guest Fees		
We cannot accept this form without full payment of the grand total Cheques are payable to "baPo Ltd"		£

Declaration

- I understand that cancellations received by baPo Ltd after 22 January 2010 are NOT eligible for refund and that delegate names are non-transferable after this date.
- Name badges and tickets will be issued to me on arrival at the BAPO Reception Desk.

Signed _____ Date _____

Credit card payment details.													
Type of card:													
Card No:													
Expires:			/										
This line for Maestro cards only.				Start Date			/		Issue No.		* CVV no.		
Signed									Date				

*The CVV number can be found on the reverse of your card. If preferred this information can be given directly to the Secretariat via telephone.

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 conference@bapo.com