

Association of British Clinical Diabetologists Autumn Meeting Royal College of Physicians, London 6th & 7th November 2014

REGISTRATION BY POST

If you would like to register by post please print out and complete the registration form and send it with your registration fee to Elise Harvey, ABCD Secretariat, P O Box 2927, Malmesbury, SN16 OWZ.

Registration Fees

	Member	SpR or retired member	Non-member
6 th November 2014 Reception & dinner	£65	£65	£65
7th November 2014 Day delegate incl. lunch	£170	£120	£250

If you are not an ABCD member and wish to benefit from members rates for this and future meetings, please apply on line at http://www.diabetologists-abcd.org.uk/membership proposal.htm

Discounted members fees are **only** applicable to those members who have paid **full** membership fees of £75 for 2014/15 and/or returned a direct debit mandate. If you are not an ABCD member and wish to benefit from members rates for this and future meetings, please make your membership application on line.

Cheques should be made payable to "ABCD (Diabetes Care Ltd)" and sent with your completed registration form to Elise Harvey, ABCD Secretariat, P O Box 2927, Malmesbury, SN16 0WZ.

Please note that in the event of cancellation, delegate fees are only refundable until 2nd October 2014. After this date no refunds will be issued. All refunds are subject to a £10 administration fee.

Accommodation must be booked separately by yourself should you require it. We have negotiated a rate of £168 bed and breakfast (including VAT) at the Holiday Inn Regents Park for the night of Thursday 6th November 2014. Rooms may be booked through accommodation booking agent, Hotel Reservations Ltd, by phone on 01268 572003 or on line via this link https://hotelreservations.vbookings.co.uk/b/abcd2014... **These rooms and rates are only guaranteed until 7th October 2014**. After this date accommodation and rates will be subject to availability. We strongly advise that you book your rooms well in advance.

Holiday Inn Regents Park, Carburton Street, London, W1W 5EE, tel 0871 942 9111,

http://www.hilondonregentsparkhotel.co.uk/

REGISTRATION FORM – ABCD AUTUMN MEETING 2014

Title Prof / Dr / Mr /	Ms / Other (please spec	ify)				
Last Name						
First Name						
Department						
Hospital						
Hospital address				•••••		
Town		Postcode				
Telephone						
Email						
Are you an ABCD memb	per? Yes	No .				
Membership number						
Please indicate the sessions you would like to attend:						
	Member	SpR or retired	Non-member			
		member				
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Total payable		2				
Dietary requirements						
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