

**Lymphoedema Conference**  
**And**  
**Skin Changes in the Lower Limb Conference**  
**20-22 April 2010**  
**BROUGHT TO YOU BY WOUNDS UK**

**ONE REGISTRATION FORM**

I would like to secure a place at the above conferences for:

**Title (Dr, Mr, Mrs etc):** \_\_\_\_\_  
**Forenames:** \_\_\_\_\_  
**Surname:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Preferred Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Post Code:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

Please secure \_\_\_\_\_ places for me. (All details of additional delegates are required for registration purposes).

Please tick which session you are likely to be attending on Wednesday 21 April

Lymphoedema Sessions  Skin Changes in the Lower Limb Sessions

(YOU WILL NOT BE RESTRICTED TO ANY PARTICULAR SESSION ON THE DAY IF YOU WISH TO CHANGE YOUR MIND. YOU WILL NOT REQUIRE TO INFORM US IF YOU DO WISH TO CHANGE ON THE DAY)

- |   |   |
|---|---|
| <input type="checkbox"/> 3-Day Delegate         | (£303.74 Includes VAT) - Gala Dinner Required     |
| <input type="checkbox"/> 3-Day Delegate         | (£303.74 Includes VAT) - Gala Dinner Not Required |
| <input type="checkbox"/> 1-Day Delegate         | (£217.90 Includes VAT) - Gala Dinner Required     |
| <input type="checkbox"/> 1-Day Delegate         | (£151.87 Includes VAT) - Gala Dinner Not Required |
| <input type="checkbox"/> Editorial Board Member | (Free) - Gala Dinner Required                     |
| <input type="checkbox"/> Editorial Board Member | (Free) - Gala Dinner Not Required                 |
| <input type="checkbox"/> Speaker                | (Free) - Gala Dinner Required                     |
| <input type="checkbox"/> Speaker                | (Free) - Gala Dinner Not Required                 |
| <input type="checkbox"/> Gala Dinner Only       | (£66.04 Includes VAT)                             |
| <input type="checkbox"/> Exhibition Only        | (£24.00 Includes VAT)                             |

**PAYMENT – ALL BOOKINGS MUST BE ACCOMPANIED BY A CHEQUE OR CREDIT CARD DETAILS**

**I WISH TO PAY BY: (tick appropriate)**

Cheque  Credit Card  Debit Card  Visa  Delta  Switch  Solo  Mastercard  Electron

£ \_\_\_\_\_

My Credit / Debit Card Number is:

Security No: \_\_\_\_\_

Issue Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Post Code (of Card Holder): \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Cheques to be made payable to Wounds UK**

**Booking Conditions on Website apply**

**For accommodation, please book online: [www.reservation-highway.co.uk](http://www.reservation-highway.co.uk).**

**Telephone Reservation Highway Helpdesk: +44 (0) 1423 525577**

**Registration Forms to be sent to:**

**Wounds UK**

**Suite 3.1, 36 Upperkirkgate  
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