

MASTA

TRAVEL MEDICINE STUDY DAY

2007

REGISTRATION FORM

One form required per delegate (photocopy this form for multiple delegates)

Please complete the form below and post it back to the address at the bottom of the page along with your payment. All registrations will be confirmed by post or email.

Registration Fee: £140 plus VAT (£164.50)

Please tick if you require a vegetarian lunch

PLEASE PRINT USING BLACK INK

Company Name/Affiliation:

Title: First Name: Surname:

Address:

Postcode: Contact Number:

Email:

Method of Payment: (Please make cheques payable to MASTA)

Cheque Mastercard Visa American Express Switch Maestro

Credit Card Number:		
Start Date: /	Expiry Date: /	Issue Number: (for Switch/Maestro)
Registered Name and Address of Card Holder (if different from above):		

Please return your completed form to:

Nicola Davison, MASTA Ltd, Moorfield Road, Yeadon, Leeds, LS19 7BN

Fax: 0113 2397559

Tel: 0113 2387559

Email: nicola.davison@masta.org



If you are unable to attend once you have registered you may contact MASTA and substitute another delegate. Cancellations less than 10 working days before the conference are transferable, but not refundable.