

EARLY BIRD ONE DAY REGISTRATION FORM

Please complete clearly and in BLOCK CAPITALS:

Last/Family Name: First/Given Names:

Prof/Dr/Mrs/Mr/Ms etc: Job Title:

Speciality: Grade:

Organisation/Company: Work Address*:

City: Post Code:

E-mail**:

Contact Tel. No: Fax No:

Abstract Number (if applicable): Twitter Handle (@twittername):

ICS Membership Number (if applicable): Do you wish to become an ICS member? Yes No NA

*NB: Your work address will be used for correspondence. If it is not appropriate please advise us, in a covering letter, of an alternative address.

** NB: It is important that you provide an email address so that notification can be sent to you when final details of the conference are available.

Please tick (✓) the relevant box and complete payment section.
Note: To qualify for the Intensive Care Society Member rate you should have completed a Membership Application Form and paid the annual subscription.

On or before 5 th October 2017	Day Attendance		Payment
<input type="checkbox"/> Member – Consultant	<input type="checkbox"/> 1 day: £165.00	<input type="checkbox"/> 2 days: £165.00+ £165.00	£
<input type="checkbox"/> Member – Trainee/SAS	<input type="checkbox"/> 1 day: £145.00	<input type="checkbox"/> 2 days: £145.00+ £145.00	£
<input type="checkbox"/> Member – Nurse	<input type="checkbox"/> 1 day: £80.00	<input type="checkbox"/> 2 days: £80.00 + £80.00	£
<input type="checkbox"/> Member – Allied Health Professionals	<input type="checkbox"/> 1 day: £80.00	<input type="checkbox"/> 2 days: £80.00 + £80.00	£
<input type="checkbox"/> Member – Medical Student	<input type="checkbox"/> 1 day: £80.00	<input type="checkbox"/> 2 days: £80.00 + £80.00	£
<input type="checkbox"/> Member – Low Resource Country	<input type="checkbox"/> 1 day: £80.00	<input type="checkbox"/> 2 days: £80.00 + £80.00	£
<input type="checkbox"/> Non-Member – Consultant	<input type="checkbox"/> 1 day: £205.00	<input type="checkbox"/> 2 days: £205.00 + £205.00	£
<input type="checkbox"/> Non-Member – Trainee/SAS	<input type="checkbox"/> 1 day: £190.00	<input type="checkbox"/> 2 days: £190.00 + £190.00	£
<input type="checkbox"/> Non-Member – Nurses	<input type="checkbox"/> 1 day: £100.00	<input type="checkbox"/> 2 days: £100.00 + £100.00	£
<input type="checkbox"/> Non-Member – Allied Health Professionals	<input type="checkbox"/> 1 day: £100.00	<input type="checkbox"/> 2 days: £100.00 + £100.00	£
<input type="checkbox"/> Non-Member – Medical Student	<input type="checkbox"/> 1 day: £100.00	<input type="checkbox"/> 2 days: £100.00 + £100.00	£
<input type="checkbox"/> Non-Member – Low Resource Country	<input type="checkbox"/> 1 day: £100.00	<input type="checkbox"/> 2 days: £100.00 + £100.00	£
Please tick (✓) which day(s) you will attend:			
<input type="checkbox"/> Monday 4 th December 2017 <input type="checkbox"/> Tuesday 5 th December 2017 <input type="checkbox"/> Wednesday 6 th December 2017			
Total Payment:			£

Dietary and Other Requirements

Vegetarian <input type="checkbox"/>	Vegan <input type="checkbox"/>	Gluten free <input type="checkbox"/>	Halal <input type="checkbox"/>	Nut allergy <input type="checkbox"/>	Other
Do you have any accessibility or other specific requirement?					

Accommodation: Please book your accommodation through MICE Concierge Ltd.

Note: Accommodation is not included in the registration fee and needs to be booked directly by the delegate.

Please book your accommodation through our trusted official accommodation and concierge service MICE Concierge Ltd by [clicking here](#).

Visa Invitation Letter: Please tick (✓) as appropriate.

Note: Visa Invitation Letters will be sent if clearly request and ONLY after having received full payment for your registration

I do need a Visa Invitation Letter which includes my details mentioned above

I do NOT need a Visa Invitation Letter

Payment Details

Please tick (✓) relevant box. *All payments to be in GB Pounds Sterling*

Registrations will NOT be accepted without payment

By Cheque/Bank Draft

Payable to '**Intensive Care Society**'. If paying by cheque, please include '**SOA 2017 - 'insert delegate's name'**' on the back of the cheque.
Cheques with no name reference will NOT be accepted.

Bank Transfer

Bank Name: Barclays Bank Pl
Bank Account: 50126063
Sort Code: 20-46-73
IBAN: GB81BARC20467350126063
SWIFT: BARCGB22

Credit/Debit Card

IMPORTANT NOTICE:

If emailing your form, please do NOT fill in the card details. We will be able to take payment over the phone once your registration form has been processed.

Please note all card payments are subject to an additional charge of 2.95%.

Credit Card: MasterCard Visa American Express

Debit Card: Maestro Visa Delta/Debit

Card No: _____ Expiry Date: _____

Card Security Code: (last 3 digits of code on the back of the card) _____

Cardholder's Signature: _____

Name and full address including postcode of the cardholder:

By returning your completed registration form you are agreeing to the terms & conditions of the conference, including payment & any cancellation policies for registration fees. You are also agreeing to your name, organisation and town being included in the list of participants and to your email address being used by the Secretariat.

CANCELLATIONS & REFUNDS

It would be appreciated if delegates, who are no longer able to attend the meeting, could advise the Organisers in writing as soon as possible. Registration fees will only be refunded, less a £30.00 administration fee, for written cancellations received prior to Friday 2nd September 2016. Refunds will not be made for cancellations received after this date, but named substitutions will be allowed at any time. Please note that any refunds due will be paid after the conference has taken place.

LEGAL NOTICES – Disclaimer & Privacy Statement

All best endeavours will be made to present the programme as printed. However, the Conference Organisers reserve the right to alter or cancel, without prior notice, any of the arrangements, timetables or plans relating directly or indirectly to the conference or exhibition, for any cause beyond their reasonable control. The Conference Organisers are not liable for any loss or inconvenience caused as a result of such alterations. Participants are advised to take out their own travel insurance and to extend their personal policy to cover personal possessions: the conference does not cover individuals against cancellations of bookings or theft of belongings. In the event that the conference is cancelled by the organisers, or cannot take place for any reason outside the control of the organisers, the registration fee shall be refunded in full. The liability of the organisers shall be limited to that refund and the organisers shall not be liable for any other loss, cost or expense, howsoever caused, incurred or arising.

The Organisers will hold and process your personal details on our database. This information is necessary for the legitimate management of this conference, which may include it being available to any organising/sponsoring company. We may also use these details to provide you with information of other conferences or events. Please advise us should any of your details change.

If you do NOT want your details to be passed on, please tick here:

Please return to:

SOA 2017 Conference Organisers

Address: Hampton Medical, Rapier House, 4-6 Crane Mead, Ware, Hertfordshire, SG12 9PW

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Fax: +44 (0)1920 885 102

E-mail: info@soa-ics.com