

# REGISTRATION APPLICATION

The Association of Healthcare Communicators

## Annual Conference and Communicating Health Awards 2007

To register please complete this form and return to: AHC Conference,  
In Any Event UK, Brandon Park House, 25 Great George Street, Bristol BS1 5QT  
**Tel: 0845 6121883 Fax: 0845 6121884,**  
**E-mail: [registration@inanyevent-uk.com](mailto:registration@inanyevent-uk.com).**

This form should be accompanied either by full payment  
or with the Invoice Details section completed.

### PERSONAL DETAILS

(please print clearly in block capitals)

Title: First Name: Surname:

Membership Number: Position:

Organisation:

Mailing Address: HOME / WORK (Delete as appropriate)

Town/City: Post Code:

Country: E-Mail:

Tel: Fax:

Dietary Requirements: (e.g vegetarian etc.)

Special Needs: (e.g. disabled access etc.)

## REGISTRATION OPTIONS

Fee includes lunch and all meals and accommodation from 2.00pm on Wednesday to 12.30pm on Friday.

<b>Member Full Residential Conference Rate</b> (includes all meals, the Communicating Health Awards Gala dinner and 2 nights' accommodation) £50 discount if booked by 31 July.	<b>£595</b>
<b>Non-Member Full Residential Conference Rate</b> (includes all meals, the Communicating Health Awards Gala dinner and 2 nights' accommodation)	<b>£695</b>
<b>Member Full Residential Conference Rate - Twin Share Price pp</b> (includes all meals, the Communicating Health Awards Gala dinner and 2 nights' accommodation)	<b>£525</b>
<b>Member Non-Residential Conference Rate</b> (includes attendance on all three days, lunch and tea/coffee breaks)	<b>£450</b>
<b>Communicating Health Awards Gala Dinner, Thursday 20 October</b> (includes pre dinner drinks reception, 3 course dinner, wine and entertainment)	<b>£75</b>
<b>Membership of the Association of Healthcare Communicators</b>	<b>£50</b>

## TOTAL PAYMENT DUE

£

## METHODS OF PAYMENT

### A. CHEQUE:

Please enclose a cheque made payable to:  
"Association of Healthcare Communicators Conference Account"

### B. INVOICE: PURCHASE ORDER/ ORDER REQUISITION NUMBER:

Please note we are unable to process your registration without this number unless you have submitted your payment with your booking forms. BACS details will be included on the invoice

Invoice for the attention of:

Address:

Arrival Date:

Departure Date:

No of Nights:

No of Residents in room:

Name(s) of Residents:

Special Requirements (eg. Non-smoking room, wheelchair access etc.)

**For further information about the conference programme check the website at [www.assohealth.org.uk](http://www.assohealth.org.uk)**