

**DELEGATE REGISTRATION FORM*****DELEGATE DETAILS***

NAME OF DELEGATE .....

HOSPITAL .....

ADDRESS .....

POST CODE .....

TEL WORK ..... FAX NO .....

TEL HOME ..... E-MAIL .....

TEL MOBILE .....

**EVENT:** **NEUROSURGICAL MANAGEMENT OF BATTLEFIELD INJURIES**

**VENUE:** **THE SCIENCE SCHOOL AND ATRIUM, RUGBY SCHOOL, BARBY ROAD,  
RUGBY, CV22 5EH**

**DATE:** **THURSDAY 6<sup>TH</sup> NOVEMBER 2008**

**TIME:** **08.30hrs – 17.00hrs**

**FEE:** **£69.00(includes refreshments and buffet lunch for the day)**

**CERTIFICATE OF ATTENDANCE REQUIRED?                      YES/NO**

***Hotel Accommodation if required***

***The Village Green Hotel 4 star (5 mins from venue) [www.vghrugby.co.uk](http://www.vghrugby.co.uk)***

ARRIVAL DATE ..... DEPART DATE .....

NO. OF NIGHTS ..... NO OF GUESTS .....

TYPE OF ROOM ..... SINGLE **£74.50 PER NIGHT**      DOUBLE **£89.50 PER NIGHT**

***Hotel Arrival time and any additional information***

TIME OF ARRIVAL .....

***Payment Details – by cheque only please***

	<b>DELEGATE FEE</b>	<b>£69.00</b>
	<b>HOTEL</b>	<b>£</b>
<b>TOTAL CHEQUE ENCLOSED</b>	<b>TOTAL</b>	<b>£</b>

**Made payable to  
B I C F Ltd and send to  
33 Southam Road, Dunchurch, Nr Rugby, Warwickshire, CV22 6NL**