

**Liverpool 2010 – The British Society of
Gastroenterology Annual Conference
22nd – 25th March 2010**



**BRITISH SOCIETY OF
GASTROENTEROLOGY**

**Patient Registration Booking Form - Thursday
25 March 2010**

*Please complete one registration form per delegate using **BLOCK CAPITAL LETTERS** and return this form to:*

**Ms Helen Fullerton
BSG 2010, c/o Conference Secretariat
MCI Glasgow
The Beacon, 176 St Vincent Street
Glasgow, G2 5SG (UK)
Email: bsg2010@mci-group.com Tel: +44 (0)141 249 6850 Fax: +44 (0)141 249 6700
www.bsg2010.org.uk**

FORM MUST BE RECEIVED ON OR BEFORE 18 MARCH 2010

CONTACT DETAILS (Two people can registered on this form if at the same address)

Title: _____ First Name: _____ Surname: _____

Title: _____ First Name: _____ Surname: _____

Address: _____

City: _____ County: _____

Country: _____ Post Code: _____

Phone: _____ Mobile: _____

Email: _____

Emergency Contact: _____ Phone: _____

How did you hear about the meeting? : _____

Attendance at:

	Yes	No
Patient Symposium only	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Patient Symposium and Nobel Symposium	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL REQUIREMENTS (Dietary / Special Needs):

Please give details below of any special requirements you may have for the Conference, attaching a separate sheet if necessary.

Signature: _____ Date: _____