

CMAS 2016 Delegate Registration Form

Please return your completed form to brona.mcdowell@belfasttrust.hscni.net

If paying by cheque, make it payable to ‘Clinical Movement Analysis Society’ and send **with a printed copy of this form** to:

|  |
| --- |
| Delegate Details |
| Title: | Click here to enter text. | Address: | Click here to enter text. |
| First Name: | Click here to enter text. |  | Click here to enter text. |
| Last Name: | Click here to enter text. |  | Click here to enter text. |
| Phone No: | Click here to enter text. | Town/City: | Click here to enter text. |
| Email: | Click here to enter text. | County: | Click here to enter text. |
| Organisation: | Click here to enter text. | Postcode: | Click here to enter text. |
| Profession: | Click here to enter text. | Country: | Click here to enter text. |
| Fee Details |
| [ ]  Full £160 both days & dinner + 1 year CMAS membership |
| [ ]  Early Bird £140 as for Full but for applications before 19th February 2016 |
| [ ]  Friday Only £80 Friday only, excludes dinner and CMAS membership  |
| [ ]  Student\* (Both days) £60 both days, excludes dinner and CMAS membership  |
| [ ]  Student\* (Fri. only) £40 Friday only, excludes dinner & CMAS membership  |
| [ ]  +1 dinner ticket £30 One extra seat for dinner |
| \* Proof of student status to be sent with this form (e.g. photocopy of student ID card) |
| Please indicate which parts of the meeting you will be attending |
| Consensus meeting (1pm Thurs 14th April 2016) | Choose an item. |
| User Group meeting (4.30pm Thurs 14th April 2016) | Choose an item. |
| Conference dinner (7.30pm Thurs 14th April 2016)  | Choose an item. |
| AGM - CMAS members only (12.30pm Fri 15th April 2016) | Choose an item. |
|  |
| Please specify any special dietary requirements? Click here to enter text. |
| Select Payment Method |
| Online [ ]  | Cheque [ ]  | Invoice [ ]  |
| Contact details for invoice (if required) |
| First Name: | Click here to enter text. | Address: | Click here to enter text. |
| Last Name: | Click here to enter text. |  | Click here to enter text. |
| Phone No: | Click here to enter text. |  | Click here to enter text. |
| Email: | Click here to enter text. |  | Click here to enter text. |
|  |  | Postcode: | Click here to enter text. |

*Brona McDowell, Belfast Gait Laboratory, Musgrave Park Hospital, Stockman’s Lane, Belfast, BT9 7JB*