

CMAS 2016 Delegate Registration Form

Please return your completed form to [brona.mcdowell@belfasttrust.hscni.net](mailto: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*