

12thInternational Workshop on
Scleroderma Research

Cambridge, UK - July 23 - 27, 2011

Advancing Scleroderma
Research and
Translational Medicine

FAX COMPLETED FORM TO +44 (0)20 7794 0432

Registration

Registration by 10 June 2011 - There is no on-site registration. Registration is limited to 150 delegates.

PARTICIPANT INFORMATION

TITLE	FIRST NAME	SURNAME
POSITION		DEPARTMENT/DIVISION
INSTITUTION		EMAIL
ADDRESS		TEL # (INC. COUNTRY CODE)
POSTCODE	COUNTRY	

REGISTRATION DETAILS

Registration includes Trinity College accommodation and meals, reception and banquet. Trinity College offers standard Gordon-conference style accommodation facilities. **Minimum age for Trinity accommodation is 18.**

Registration category	<input type="checkbox"/> FULL REGISTRATION	£ 550.00
	<input type="checkbox"/> TRAINEES (Resident/Young Investigator) A supporting letter verifying status from your Program Director must accompany registration.	£ 300.00
	<input type="checkbox"/> GUEST (bed and breakfast/Reception and Banquet) A limited number of rooms are available for registrants with an accompanying guest at an extra supplement.	£ 250.00

Name of Guest:

Trinity	I/we require Trinity College Accommodation:			
	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday (Please tick ✓)

Meals	Dietary requirements (NB Vegetarian option available):		Banquet: (Please tick ✓)	<input type="checkbox"/> Attend	<input type="checkbox"/> Not attend
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PAYMENT OPTIONS

<input type="checkbox"/> BANK TRANSFER	<input type="checkbox"/> CREDIT CARD (circle type) Visa Mastercard (AMEX is not accepted)
Account Holder: Royal Free Charity	Card #: _____
Bank: Lloyds TSB - Hampstead Branch	Expiry date: _____
Address: 40 Rosslyn Hill, London NW3 4NL	Name as appears on card: _____
Sort Code: 30-93-80	
Account No.: 00279476	
BIC Code: LOYDGB21065	
IBAN Code: GB39LOYD30938000279476	
Payment currency: Sterling	
Reference: Bank to mark F.A.O. 'Fund 97' and include registrant's name	I authorise Boston University to charge my credit card the amount of: _____
	Cardholder signature: _____