



CONFERENCE REGISTRATION FORM

Saturday 25th September 2010 York

Please complete this form IN BLOCK CAPITALS and return with payment to:
Family Doctor Association, FREEPOST, Heywood OL10 4ZZ

Title(Prof/Dr/Mr/Mrs/Miss)	First Name(s)
Last Name(s)	
	Sex (M/F)
Practice address: Town County Postcode	Special dietary requirements
	Job Title
Telephone No	Email Address

Delegate fees

Member of the Family Doctor Association:

FDA practice members in good standing

Early bird delegate fees until 16th August 2010..... £101 per delegate

Standard delegate fees from 17th August 2010 £135 per delegate

Non – Member:

Delegates from other GP practices/ organisations

Standard delegate fee

£149 per delegate

Reserve delegate places

Please tick the relevant box

	FDA Member	Non-Member
Saturday Educational Programme – inc. lunch	[]	[]

Spouse lunch: £15 if your spouse requires lunch if not a delegate. (tick if required)

Additional Delegate Details

Name of accompanying person(s) attending as day delegate if applicable		
Job Title	Sex(M/F)	
Dietary requirements		
	FDA Member	Non-Member
Saturday (Educational Programme – inc. lunch)	[]	[]

