***BIALL 2020 REGISTRATION FORM***

A Registration Form mustbe completed by each delegate in **BLOCK CAPITALS if hand written** and forwarded to the conference organisers. **Please note** Total numbers at this meeting are limited and registrations will be dealt with on a first come, first served basis.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: | |  | | |
| Job Title: | |  | | |
| Organisation: | |  | | |
| Address for Correspondence:  **Please include Postcode:** | |  | | |
| Telephone No. Daytime: | |  | Mobile: |  |
| Email Address: | |  | | |
|  | ***Please tick the box if you consent to your email address being published in the Conference Delegate List*** | | | |
| BIALL Membership No: | |  | DX: |  |
| Invoice Name & Address:  *(if different to the one shown above)*: e.g. Law firm, service company etc- **include Postcode:** | |  | | |
| PO Number: (if applicable) | |  | | |

**Please tick the boxes to confirm your requirements and insert the amount you are expecting to be invoiced  *£***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Pre-Conference Workshop** | | | |  |
|  |  | **3-night Conference Package** – *please tick accommodation preference, subject to availability* | | | |  |
|  |  |  | Category A hotel |  | Category B hotel |  |
|  |  | **2-night Conference package –** Category A hotel only | | | |  |
|  |  | **Day Delegate** – *please indicate which days(s) you will be attending* | | | |  |
|  |  |  | Thursday 11th June 2020 | | |  |
|  |  |  | Friday 12th June 2020 | | |  |
|  |  |  | Saturday 13th June 2020 | | |  |
|  |  | **Dinners** – ***(for Day Delegate bookings only)*** | | | |  |
|  |  |  | Thursday 11th June 2020 @ £50.00 + VAT per ticket | | |  |
|  |  |  | Friday 12th June 2020 @ £60.00 + VAT per ticket | | |  |
|  |  | **Additional Night’s Accommodation** *(please complete accommodation section)* | | | |  |
|  |  | No. of nights\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @ £ \_\_\_\_\_\_\_\_\_\_\_\_ per night | | | |  |
|  |  |  | | | |  |
|  |  | **TOTAL AMOUNT TO BE INVOICED £** | | | |  |

**CREDIT CARD, CHEQUE AND BACS PAYMENTS ARE ACCEPTED –** Please refer to point no. 2 of the Booking Conditions

**CREDIT CARD PAYMENTS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **MasterCard** |  | **Maestro** |  | **Visa** |  | **Visa Electron** |  | **Switch** |  | **Amex** |  | **Diners** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Card Number** |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Valid from:** |  |  | **Expires** |  |  | **Issue number:** |  | **CSC** *(last 3 digits on reverse of card or 4 on front for Amex)* |  |

|  |  |
| --- | --- |
| **Name on Card:** |  |

**PAYMENT OF INVOICE BY BANK CREDIT TRANSFER**

Payments submitted by Bank Credit Transfer will incur bank charges (please see Booking Conditions) which will be added to your invoice. Please tick the box to confirm you will accept any additional charges.

Carol Moody

Pharmacy Department

Mailpoint 40

Southampton General Hospital

Tremona Road

Southampton

SO16 6YD

**Next of Kin** Please provide details in case of an emergency during the event

**Name:** **Telephone:**

Accommodation - Please tick the box(es) to confirm your requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Wednesday 10th June 2020** |  | **Thursday 11th June 2020** |  | **Friday 12th June 2020** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Single Occupancy** |  | **Double Occupancy Room** |  | **Twin Occupancy Room** |
|  | | | | | |
| **Additional nights** (*specify night(s))* | | | | | |

If you are booking a Double or Twin room for **shared** occupancy please advise the name of the additional person sharing. **Note:** it is not possible for the conference organisers to arrange shared rooms on your behalf.

|  |  |
| --- | --- |
| Name of person sharing Double/Twin Room is: |  |

**If you will be making your own accommodation arrangements, *please tick this box***

**Special Interest Groups & Forums** (*please tick to confirm your attendance).*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Thursday 11th June | | Thursday 11th June | | Friday 12th June | | Friday 12th June | |
|  | New Professionals |  | Irish Group |  | Academic |  | Knowledge  Management |

**Parallel Sessions** *– please**enter preference (i.e. 1st, 2nd, 3rd) in the boxes to confirm which session you wish to attend***.** *(****Please note*** *there is no guarantee of your 1st choice)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Thursday 11th June, 2020** | | | | |  | **Friday 12th June, 2020** | | | | |
| **13:30 – 14:30** | 1A | 1B | 1C |  | **15:00 – 16:00** | **3A** | **3B** | 3C |  |
| **16:00 – 17:00** | 2A | 2B | 2C |  |  | | | | |

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**Please tick if you would be willing to act as a Chair of a session at the conference**

|  |
| --- |
| **Food Allergies and Special Dietary Requirements** (eg gluten-free, vegetarian, vegan, halal) |
|  |
| **Special Requirements** (eg mobility impaired, visually impaired, etc) |
|  |

If applicable, please tick to advise if you are:

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New Delegate Overseas

**Buddy****scheme***:*

Please tick if you wish to be assigned a buddy Please tick if you are willing to be a buddy

**Please read and note the Booking Conditions prior to completing this form. ALL completed forms should be sent to the Conference Organisers, Sovereign Conference.**

|  |  |  |
| --- | --- | --- |
|  | Please tick to confirm you have read and agree with the Booking Conditions. Date: |  |

SOVEREIGN CONFERENCE, Seven Elms, Dark Lane, Astwood Bank, Redditch, Worcs, B96 6HB, ENGLAND

Email: [association@sovereignconference.co.uk](mailto:association@sovereignconference.co.uk)