**Booking Form – 19 November 2016**

### PLEASE WRITE IN BLOCK CAPITALS

**AND BOOK ONLINE IF POSSIBLE – www.scimednet.org**

***Please send to:***

**Conference Administrator, Scientific and Medical Network, Colet House, 151 Talgarth Road, London W14 9DA. Email: info@scimednet.org**

Name ...........................................................................

Address ...........................................................................

...........................................................................

Email …………………………………………………

### Please reserve me:

**[ ] places at £30**

### [ ] concessionary places at £20 (full time students only)

(coffee and tea included – ***please bring lunch to shar***e)

How did you hear about the conference?

### PAYMENT OPTION

[ ] Cheque (payable to “**SMN**”)

[ ] Credit card (VISA or MasterCard)

Card No.: ................................................. Expires: .............

Signature: .....................................................

**CANCELLATIONS**

A fee of £15 will be retained. No refunds after 12th November

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