

# INTERNATIONAL TRAUMA SYMPOSIUM 2010 BOOKING FORM

## Delegate Details

Title		Grade	
First Name			
Last Name			
Address			
Country		Postcode	
Telephone		Fax	
Email			
Hospital/Institution			

## Course Package

Trauma Symposium Fee	£ 750.00
<b>Pollock Halls Accommodation</b> 3 night package 17-19 August including transport to venue <ul style="list-style-type: none"> <li>Single Room £156</li> <li>Superior Twin Room £261</li> </ul> <i>Please do not use for Room Centre Accommodation</i>	£
<b>TOTAL</b>	£

## Session Choices – please circle 1 choice per day

Day 1: Wed 18 August	Breakout Sessions	1	2	3	4
Day 2: Thurs 19 August	Breakout Sessions	5	6	7	8
Day 3: Fri 20 August	Breakout Sessions	9	10	11	12

## PAYMENT (Please note cancellation policy on [www.trauma.co.uk/booking.htm](http://www.trauma.co.uk/booking.htm))

Please tick Payment Type (sorry – no American Express)		I enclose my Cheque for the above amount (£ sterling only – no euros or dollars) Payable to <b>EDINBURGH TRAUMA SYMPOSIUM</b>																					
		Please charge my Mastercard																					
		Please Charge my Visa																					
Credit Card Number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																						
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Cardholder's Name (BLOCK CAPS)																							
Cardholder's Signature																							