

# REGISTRATION FORM

## BSP Autumn Symposium in association with RSTMH

### Your Details

Title		First Name		Family Name	
Address					
			Postcode		
Email address					
RSTMH Fellowship number (if known)					

### Please register me for the **BSP Autumn Symposium 23-24 September 2010**

Fellow	£100
Student Fellow	£50
<b>Total</b>	£

### Method of Payment Please tick box(es) as appropriate

Please charge £ ..... to my credit card

American Express  Maestro  Delta  Eurocard  Mastercard  Visa

Card no    Expiry mm / yy

Security No. \_\_\_\_\_ (Last 3 digits on the back or for AmEx 4 digits on front)

by cheque made payable to **RSTMH**

Cash in person at RSTMH 50 Bedford Square London WC1B 3DP

**I would like a receipt**

I am a full-time student and enclose a letter from my college confirming my student status.

Signature ..... Date .....