



Society of Anaesthetists of the South Western Region

Spring Meeting 2010: **ROME**, Italy
 Wednesday 12th – Saturday 15th May 2010

REGISTRATION FORM

| PERSONAL DETAILS | | | |
|-------------------------------|----------------------|-----------------------|----------------------|
| Surname of Member | <input type="text"/> | First name of Member | <input type="text"/> |
| Surname of Partner | <input type="text"/> | First name of Partner | <input type="text"/> |
| Address Including postcode | <input type="text"/> | | |
| | <input type="text"/> | | |
| Email | <input type="text"/> | Phone | <input type="text"/> |

| Event | Cost GBP | Member | Partner | Total |
|--|---|--------------------|---------|-------|
| Meeting Registration | Consultant members: £250 Trainee members: £150 Retired members: £100 Partners: no charge | | | |
| Wed am Guided tour of the Coliseum & Forum | £10 per person | | | |
| Wed evening Society gathering | Tick for numbers | | | |
| Thurs tour of Villa D'Este, gardens, & lunch | £45 per person | | | |
| Thurs evening President's reception River Tiber | Tick for numbers | | | |
| Fri daytime Visit Ostia Antica | £20 per person | | | |
| Fri evening Gala Dinner with Italian hosts | £65 per person/cons & ret'd £50 per person/trainees | | | |
| Sat Lunch following Guest Lecture/Society Meeting | £26 per person | | | |
| Sat pm Tour of Sistine Chapel & Vatican Museum | £20 per person | | | |
| All the above to be paid in full at time of booking | | | | |
| Dietary requirements for lunches and dinners | <input type="text"/> | | | |
| <i>To be carried over to Payment Form</i> | | Sub Total £ | | |

| FLIGHT DETAILS | | | | | | | |
|---------------------------------|----------------------|----------------------|----------------------|------------------------------|----------------------|----------------------|----------------------|
| UK Airport <input type="text"/> | | | | Airline <input type="text"/> | | | |
| To Rome Ciampino | | | | To UK | | | |
| Day | Flt No. | Dep. | Arr. | Day | Flt No. | Dep. | Arr. |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| HOTEL RESERVATION | | | | | | | |
|---|--|---|--|--|--|--------------------------|--|
| Michelangelo Hotel | | Double/Twin £180 | | Single £150 | | | |
| Type of room required, please tick | | | | <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> T | | | |
| Hotel nights required ✓ | | <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> 13 th <input type="checkbox"/> 14 th <input type="checkbox"/> 15 th | | How many nights | | <input type="text"/> | |
| If single and wish to share: I intend to share with (please name) | | | | | | <input type="text"/> | |
| I am making my own hotel arrangements (please tick) | | | | | | <input type="checkbox"/> | |



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PAYMENT FORM

| | | £ |
|--|--------------------------|----------------------|
| Events Sub Total | A | <input type="text"/> |
| HOTEL DEPOSIT – One night full rate | B | <input type="text"/> |
| Total payable with Registration Form – 1 st March 2010 | A + B | <input type="text"/> |
| Total cost of hotel | <input type="text"/> £ C | |
| FINAL PAYMENT /balance payable by 12 th April 2010 | C - B | <input type="text"/> |

Please make cheques payable to **SASWR** and send to:

Kate Prys-Roberts
SASWR
9 Horsecastle Farm Road
Yatton
BRISTOL
BS49 4QQ

| | |
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| Email | k.prys-roberts@bristol.ac.uk or kateprh@talktalk.net |
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| Phone | 0117 342 2103 |
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PLEASE TAKE A COPY OF YOUR COMPLETED REGISTRATION FORM AND PAYMENT FORM before POSTING

A printed receipt will be sent to you following final payment.