



## 13<sup>th</sup> Annual Scientific Meeting

The East Midlands Conference Centre, Nottingham 3-4 September 2009

### REGISTRATION INFORMATION

Please register online at [www.augis.org](http://www.augis.org)

Delegate Type	Delegate fees before 11 July 2009	Delegate fees from 11 July - 31 August 2009	Delegate fees after 31 August & on the day of the Annual Scientific Meeting
Full and Senior Members	£250	£300	£350
Non Members	£320	£370	£420
Non Members	£300	£350	£400
Trainee and Overseas Members	£150	£200	£250
Non Member Trainees	£220	£270	£320
Affiliated Members, Nurses etc.	£50	£50	£50
Non Member Affiliates, Nurses etc.	£65	£65	£65

Please note: the deadline for registrations is **31 August 2009**, after this date delegates will have to register on the day of the conference, at the full rate.

### CAMPUS ACCOMMODATION RATES

In 2009 AUGIS has negotiated a highly favorable rate of accommodation on the university campus – bedrooms available on Wednesday 2 September and Thursday 3 September 2009. Please see rates below. Please note that all delegates staying on campus will have access to the university pool and fitness suite at all times.

Ensuite Bed & Breakfast accommodation per person per night	£49.34 (including VAT)
Shared bathroom bed & breakfast accommodation per person per night	£32.09 (including VAT)

If however, you would like to book any other hotel in Nottingham, please click on the following link:  
<http://conference.visitnottingham.com/exec/105998/21501>



Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland

## SCIENTIFIC MEETING - THE EAST MIDLANDS CONFERENCE CENTRE, NOTTINGHAM

3 & 4 SEPTEMBER 2009

### REGISTRATION FORM

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\*Postcode: \_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

\*Daytime Tel. No: \_\_\_\_\_

\_\_\_\_\_

Daytime Fax No: \_\_\_\_\_

\*Email: \_\_\_\_\_

**\* We may need to contact you to resolve any queries over your registration so PLEASE ensure that all the sections marked with an asterisk are completed.**

#### TYPE OF MEMBERSHIP

Full Member

Senior Member

Overseas Member

Trainee Member

Affiliate Member

Non-Member

Non-Member Trainee

Non-Member Affiliate

Details for Badge (Name & Hospital) \_\_\_\_\_

#### REGISTRATION

To register online, please visit the Meeting's microsite: [www.augis.org/nottingham](http://www.augis.org/nottingham) or the AUGIS website [www.augis.org](http://www.augis.org)

#### ACCOMMODATION

If you would like to book campus accommodation at preferential rates, please note the rate is given on page 19.

To book campus accommodation, please go to the 'Registration page' of the AUGIS microsite ([www.augis.org/nottingham](http://www.augis.org/nottingham)). You will find details for all other accommodation on the 'Accommodation page'.



**ADDITIONAL EVENTS**

Please indicate which of the following you would like to attend by ticking the appropriate box below.

**TRAINING DAY** – (Associates only)

To be held at the Trent Simulation & Clinical Skills Centre – 2 September 2009

Tickets cost: £25

**BARRETT'S CLUB DINNER** (sponsored)

To be held at The Carriage Room – 2 September 2008

**ANNUAL DINNER**

To be held at Nottingham Castle.

Dinner tickets cost £65 plus VAT per person = £74.75

PLEASE NOTE ANY SPECIAL DIETARY REQUIREMENTS (eg Vegetarian)

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**PAYMENT**

- 1. Meeting Registration Fee(see table on page 16) £ .....
- 2. Campus Accommodation:  
 Ensuite (breakfast included) @£49.34 per night
  - 1. Tuesday 1 September £ .....
  - 2. Wednesday 2 September £ .....
  - 3. Thursday 3 September £ .....
- 3. Training Day (£25) £ .....
- 4. Annual Dinner (£74.75) £ .....
- TOTAL** £ .....

**FORMS RECEIVED WITHOUT PAYMENT CANNOT BE ACCEPTED AND WILL BE RETURNED**

I enclose:

- A sterling cheque for the total amount due made payable to "The Association of Upper GI Surgeons"
- Visa / Access / Mastercard / Visa Delta / Switch (Delete as applicable)

**PLEASE ensure that you enter your card number clearly in the boxes below:**

Credit Card No:

Please enter last three digits of the security code on reverse of card

Valid From Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Issue No. \_\_\_\_\_

Cardholder's Name:(Block capitals) \_\_\_\_\_

Address \_\_\_\_\_

**I have read the conditions of registration and cancellation and enclose my remittance in full**

Signed \_\_\_\_\_ Date \_\_\_\_\_