

ISFR 12th Biennial Conference, September 25 -28 2010

Danubius Hotel, London

Registration Details

Delegate Registration Fee Includes:

- Admission to all plenary sessions
- Conference Programme and abstract details
- Refreshments during official conference breaks
- Lunch during the 3 day conference September 25-28 2010
- Welcome Reception
- Conference Dinner September 27 2010

Registration Terms and Conditions:

Delegate Fees:

The cost for attendance at the conference is:

| Delegate Type | Payment in Sterling |
|--|--|
| Early Delegate Fee 25 June 2010 | £325 member |
| Early Delegate Fee 25 June 2010 | £425 non member (includes 1 st year subscription for ISFR membership) |
| Late Delegate Fee (after 25 June 2010) | £425 member |
| Late Delegate Fee (after 25 June 2010) | £525 non member (includes 1 st year subscription for ISFR membership) |

Payments:

Registration will not be guaranteed until full payment is received

All fees are payable in advance via the options detailed below credit card or cheque in sterling.

Delegates will not be permitted access to the conference unless full payment has been received.

Please complete the conference registration form clearly.

You can pay your conference registration fee by:

| | |
|------------------|--|
| Credit Card: | If paying by credit card please complete conference registration details and Fax to: Susan Roberts + 44 (0) 28 9147 7765 |
| Cheque Payments: | If paying by cheque please complete conference registration details and Post along with full payment to: Susan Roberts, ISFR Conference, 18 Millbank, Ballycrochan Road, Bangor, Co. Down BT19 7PL |

Cancellations:

For those unable to attend, a refund will be given for cancellations received in writing, fax or email, up to 30 days prior to the conference less an administration fee of £25. 1 - 4 weeks notice 50% refund (inclusive of admin fee), 7 days notice or less no refund. Cancellations must be made in writing and acknowledged in writing by the ISFR conference organiser Susan Roberts.

Refunds:

Refunds will be made after the Conference and within two months.

Substitutions:

Substitutions may be made at any time up to ten days prior to the Conference if received in writing, fax or email. If you wish to substitute a delegate, please contact us at the earliest opportunity.

The organisers reserve the right to alter any cancellation details of the event should unforeseen circumstances arise and accept no responsibility for resulting costs of any inconvenience. We advise all delegates to have their own personal travel insurance.

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Accommodation:

Accommodation costs are not included in the conference registration fee.

Delegates are responsible for making their own travel and accommodation arrangements.

A discounted rate on a **limited number** of rooms has been arranged at the **Danubius Hotel Regents Park, London** and this rate can be obtained by quoting:

Reference number: **1909HELMSB (ISFR Conference)**

Further details regarding the hotel can be viewed on the website as detailed below.

Accommodation must be booked **no later than 15 August 2010** to guarantee your reservation. After this date any additional rooms will be released and you will be unable to book rooms at the discounted rates currently available. **The group booking is for rooms from Saturday 25 September to Monday 27 September inclusive.**

Hotel Rates are:

| | | |
|---------------------------|---------------------|-------------------------------|
| Standard Double Room | (single occupancy | £125 sterling per night B&B) |
| Standard Twin Room | (single occupancy | £125 sterling per night B&B) |
| Standard Double/Twin Room | (two people sharing | £135 sterling per night (B&B) |

If booking through this hotel please make your booking at your earliest convenience to avoid disappointment.

The Danubius Hotel Regents Park contact details are:

- Hotel Contact: Sandra Perez
- Booking Ref: 1909HELMSB
- Danubius Hotel Regents Park
- Tel. No. +44 207 722 7722 Ext: 4143
- Fax No. +44 207 483 0749
- Email: group.reservations@danubiuslondon.co.uk
- Website: www.danubiuslondon.co.uk

Conference Organiser Contact details:

Please return your completed registration form by fax to:

Fax: +44 (0) 28 9147 7765

Please forward any queries regarding the conference to:

Susan Roberts, Conference Organiser:

ISFR Conference, 18 Millbank, Ballycrochan Road, Bangor, Co. Down, Northern Ireland BT19 7PL

Email: SREventsandPR@aol.com

Tel: +44 (0) 7768 211179

For further information and updates regarding the conference please visit website:

www.fractures.com

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PLEASE COMPLETE ALL DETAILS CLEARLY AND IN BLOCK CAPITALS

| SECTION 1 | |
|--|---|
| Title (Please circle) | Prof Dr Mr Mrs Ms |
| First Name | |
| Last Name | |
| Job Title | |
| Department | |
| Affiliation | |
| Are you and ISFR Member? | YES NO (Delete as appropriate) If No, Please complete all details in SECTION 2 |
| Address | |
| | |
| Postcode/Zip Code | |
| Country | |
| City | |
| Telephone Number (incl. country code, area code and number) | |
| Fax Number (incl. country code, area code and number) | |
| Email | |
| Dietary Requirements | |
| Accessibility Needs | |

| SECTION 2 | | |
|---|----------------|--------------------|
| Academic Degree | Date Conferred | Name of University |
| Honorary Degrees: | | |
| Current Professional Position: | | |
| Membership of Other Societies Related to the ISFR Activities: | | |
| Member of the American Orthopaedic Trauma Association: Yes | | No |
| Special Professional Interests, Expertise and Research Activities: Clinical Biological Bioengineering Materials Science | | |
| Other comments and details: | | |

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| SECTION 3 | | |
|--|---|-------|
| Delegate Type | Payment in Sterling | Total |
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| Late Delegate Fee (after 25 June 2010) | £525 non member (includes 1 st year subscription for ISFR membership) | |
| Guest/s (Conference Dinner Only) | Additional Charge: £75 | |
| Guest Name | | |
| Guest Dietary Requirements | | |
| TOTAL COST | | |

Please select method of payment

| | | |
|--|--|---|
| <p>Credit Card: (NB: we do not accept IMEX)</p> | <p>If paying by credit card please complete details and Fax registration form to: Susan Roberts +44 (0) 28 9147 7765</p> <p>PLEASE INSERT DETAILS CLEARLY</p> | <p>Card Type: Visa / MasterCard</p> <p>Amount : _____</p> <p>Card Holder Name: _____</p> <p>Card Number</p> <p>□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □</p> <p>Card holder Address: _____</p> <p>_____</p> <p>_____</p> <p>Cardholder Tel: _____ (include country code, area code and number)</p> <p>Date Exp: _____</p> <p>Date Start: _____</p> <p>Security Code: □ □ □ (NB. 3 digits on reverse of card in signature box)</p> |
| <p>Cheque</p> | <p>If paying by cheque ensure that it is made payable to: RNOH NHS Trust</p> | <p>I have enclosed full payment by cheque payable to</p> <p>RNOH NHS Trust <input type="checkbox"/></p> |

Name Badge Details (please show exactly how you would like you name badge to be displayed)

| | |
|-------------|--|
| Name | |
| Affiliation | |
| Country | |

SIGNATURE: _____ **PRINT NAME** _____

DATA PROTECTION:

Please tick box if you DO NOT wish your name, Organisation and Country to be listed on the Conference Attendee List.