International Alliance
of ALS/MND Associations

INTERNATIONAL SYMPOSIUM ON ALS/MND

ALLIED PROFESSIONALS' FORUM

7 DECEMBER 2009, MARITIM HOTEL, BERLIN, GERMANY

Registration Form

THIS FORM SHOULD BE COMPLETED BY HEALTHCARE PROFESSIONALS WISHING TO ATTEND THE ALLIED PROFESSIONALS' FORUM ONLY. IF ATTENDING THE INTERNATIONAL SYMPOSIUM, REGISTRATION FOR THE APF WILL BE £85. PLEASE MARK THE APPROPRIATE BOX ON THE SYMPOSIUM REGISTRATION FORM.

Please print in capitals (one form per delegate)

Title: _____ Last Name: _____ First Name: _____

Institution: _____ Job Title: _____

Mailing Address: (To send confirmation) _____

_____

_____

_____

Tel: _____ Fax: _____ Email: _____

Please indicate any special dietary requirements: _____

_____

Registration: **Allied Professionals' Forum Only: £100**

PAYMENT METHOD: ☐ Visa ☐ Mastercard ☐ Bank Transfer ☐ Cheque/Money order/Bankdraft ☐ Amex ☐ Switch/Maestro

Credit Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Issue No: ☐☐

(shaded boxes are for Switch/Maestro card use only)

Valid Date: ___/____ Expiry Date: ___/____ Name of Cardholder: _____

For your security, please write the last 3 numbers printed on the reverse of your card. ☐☐☐☐
If Amex the 4 numbers printed on the front of the card

Cardholder's billing address: _____

_____

Signature: _____ Date: ___ /____/_____

Send Direct Bank Transfer Payments to:

Motor Neurone Disease Association
Lloyds TSB Bank plc
George Row
Northampton
United Kingdom
Account No: 02952679
Sort Code: 30-96-09

Please submit this form with your payment made out to:

Motor Neurone Disease Association
P O Box 246
Northampton NN1 2PR
United Kingdom
Tel: +44 (0) 1604 611845/611822
Fax: +44 (0) 1604 611858
Email: symposium@mndassociation.org

A copy of your bank transfer **MUST** accompany your Registration Form. Payments should be made gross of bank charges that may be incurred. Please note that credit card charges will be exchanged to £ Sterling at the week's prevailing rate.