

**Vascular and Endovascular Consensus Update**

incorporating the **Global Endovascular Forum**

Venue: **Sherfield Building, Imperial College School of Medicine, Exhibition Road, London SW7 2AZ, UK**

**PARTICIPANT INFORMATION (BLOCK CAPITALS)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Title \_\_\_\_\_

Institution or Company \_\_\_\_\_

Address \_\_\_\_\_

Post code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Email (please write clearly) \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**SPECIALTY**  Vascular Surgeon  Interventional Radiologist  Vascular Biologist  Industry Participant  
 Vascular Physician  Interventional Cardiologist  Vascular Tech/Nurse  Other \_\_\_\_\_

**SYMPOSIUM REGISTRATION**

This rate includes entry to all CX events

Please specify day(s)

**Charing Cross Symposium**  
 Saturday 9 April –  
 Tuesday 12 April

**Full registration**  
 (includes symposium book)  
 £795 / €900  
**Special rate**  
 £675 / €740  
 £ .....  
 € .....

**Junior doctor registration**  
 (includes symposium book)  
 £495 / €590  
**Special rate**  
 £445 / €490  
 £ .....  
 € .....

**Vascular technologist/nurse**  
 (excludes symposium book)  
 £195 / €225  
**Special rate**  
 £145 / €185  
 £ .....  
 € .....

**2 Day Rate**  
 (excludes symposium book)  
 £495 / €550  
**Special rate**  
 £445 / €490  
 £ ..... € .....  
 Please specify day(s)  
 Saturday  Sunday  
 Monday  Tuesday

**1 Day Rate**  
 (excludes symposium book)  
 £295 / €335  
**Special rate**  
 £270 / €295  
 £ ..... € .....  
 Please specify day  
 Saturday  Sunday  
 Monday  Tuesday

- Special rates valid on applications received by 31 January 2011. Rates inclusive of VAT. Euros accepted for payments by cheque, bank transfer and online registration.
- Please note: At busy times access to the main auditorium will be restricted to the holders of a Full Registration. All other delegates will be able to watch and listen to the proceedings through CCTV in one of the lecture theatres.
- Credit card payments received via mail or telephone will be processed in GBP and debited in Euros at the current rate of exchange.
- Cancellation Policy:** Cancellation prior to 9th March 2011 will be subject to a 20% administration charge. We regret that refunds after this date will not be available.

**Please specify which of these events you wish to include in your registration**

**CX Vascular Revision Course** Saturday 9th April

**CX EVEREST Simulation Course** Saturday 9th April

**CX Vascular Imaging Course** Saturday 9th April

**Linc @ CX** Sunday 10th April

**CX Innovation Showcase** Sunday 10th April

**CX Office Based Vein Practice** Monday 11 April The course will be held twice, at 10.00am and repeated at 2.00pm.  
 10.00am  2.00pm

**CX St George's Vascular Access Course (2 days)** Monday 11th April & Tuesday 12th April

**ilegX (2 days)** Monday 11th April & Tuesday 12th April

**LUNCH** Lunch is included in the delegate fee Please tick if vegetarian

**PAYMENT**

**Credit card:** Please charge my credit card with the amount in the **Total Payment Due** section above

Card type: VISA / MASTERCARD / DELTA / MAESTRO (UK ONLY) / AMEX Please specify

Card number \_\_\_\_\_ Expiry date \_\_\_\_\_ 3 digit security code \_\_\_\_\_ Issue no \_\_\_\_\_  
 (on back of card) (4 digits for Amex)

Cardholder's name \_\_\_\_\_ Cardholder's signature \_\_\_\_\_

**Payment by cheque enclosed:** Please make cheque in GBP or Euros payable to BIBA MEDICAL LTD

**Payment by bank transfer:** If paying by bank transfer the money must be received before 1 April 2010

**Sterling GBP:** Account No: **01148583**

Account name: **BIBA Medical Ltd**

Sort code: **40-02-35**

IBAN No: **GB30MIDL40023501148583** Swift Code: **MIDLGB22**

Address: HSBC, 357 Upper Richmond Road West, London SW14 8QW, UK  
 Please include a copy of your bank transfer. Quote your surname as reference.

**Euro Account No: 57091122**

Account name: **BIBA Medical Ltd**

Please pay to: **MIDLGB22** (HSBC Bank plc Swift address)

in favour of IBAN Number: **GB73MIDL40051557091122**

Please include a copy of your bank transfer  
 Quote your surname as reference.