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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title:** | | **FULL NAME:** | | | | | | | | | | | | | | |
| **Position:** | | | | | | | **Department:** | | | | | | | | | |
| **Organisation:** | | | | | | | | | | | | | | | | |
| **Telephone:** | | | | | | | **Email:** | | | | | | | | | |
| Remain on NGCG mailing list (please tick) | | | | | | | Accept details to appear on conference delegate list (please tick) | | | | | | | | | |
| **YES** |  | | **NO** | |  | | **YES** | | |  | | **NO** | | |  | |
| **NB: We will not share this information with any third party, however the delegate list will be shared on the official NGCG website.** | | | | | | | | | | | | | | | | |
| **Dietary requirements:** | | | | | | | **Any other requirements** | | | | | | | | | |
| **Conference Registration** | | | | | | **Fee** | **🗹** | | **Notes** | | | | | | | | |
| Nurse/AHP | | | | | | £70 |  | |  | | | | | | | | |
| Doctor | | | | | | £110 |  | |  | | | | | | | | |
| Payment method: PLEASE TICK | | | | | | **BACS** |  | | **Cheque (ENC)** | |  | | | **Invoice to Trust** | |  | |
|  | | | | | | | | | **TOTAL** | | | | | **£** | | | |
| Payment is required on registration.  Payment can be made via BACS transfer (quoting your full name for reference) or cheque payable to ‘National Germ Cell Group’ and forwarded with a registration form to the PO Box address. | | | | | | | | | | | | | | | | | |
| **BACS PAYMENTS TO:** | | | | **National Germ Cell Group** | | | | **ACC NO: 23082668** | | | | | **SORT CODE: 30-99-08** | | | | |