|  |  |
| --- | --- |
| **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** |