



Bone and Tooth Society



ANNUAL MEETING

SHEFFIELD

9-11 JULY 2003

Post your completed form and payment to:

Gill Higginbottom
Bone Metabolism Group
Clinical Sciences Centre
Northern General Hospital
Herries Road
Sheffield S5 7AU

Tel +44 (0)114 271 4705

Fax +44 (0)114 261 8775

Email g.k.higginbottom@sheffield.ac.uk

Registration form

Your details: *Please use BLOCK CAPITALS*

Surname _____

Title (Dr, Professor, Mr, Ms, Mrs, Miss, etc) _____

First names _____

Address _____

Tel _____ Fax _____

Email _____

Special dietary requirements _____

Any disabled access required? _____

OPTIONS	FEES		TOTAL £
<i>NB – All fees include lunch, tea and coffee</i>			
BATS members	£70 before 21 April	<input type="checkbox"/>	
	£100 after 21 April	<input type="checkbox"/>	
Non-members	£130 before 21 April	<input type="checkbox"/>	
	£160 after 21 April	<input type="checkbox"/>	
PhD/Higher	£55 before 21 April	<input type="checkbox"/>	
degree students	£85 after 21 April	<input type="checkbox"/>	£ _____
Annual Dinner	£25	<input type="checkbox"/>	_____
Students	£15	<input type="checkbox"/>	£ _____
Day delegate	Members £40	Wednesday <input type="checkbox"/>	_____
	Non-members £60	Thursday <input type="checkbox"/>	_____
	Students £30	Friday <input type="checkbox"/>	£ _____
TOTAL ENCLOSED			£ _____

(Please make cheques payable to BATS 2003)

Cancellations will be accepted in writing until 16 May 2003. Until that time a refund of 70% of the registration fee will be made. There will be no refunds for cancellations received after that date.