



GUNA Spring Clinical Meeting & AGM 2011



To be held at
Staffordshire University

Sexual pleasures

Saturday 2nd April

BOOKING FORM

PLEASE RETURN THIS FORM TO:

Justin Gaffney, GUNA Chair, Metrosexual Health/SohoBoyz,
Unit FF15 Base Station, The Saga Centre, 326 Kensal Road,
London W10 5BZ
Tel/Fax 020 8968 3409

REGISTRATION DETAILS

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS, BLACK PEN.

Prof / Dr / Mr / Mrs / Miss / Ms

Family name: _____

First name: _____

Position/Job title: _____

Institution/Clinic: _____

Town/city: _____

Email: _____

Please state that confirmation of booking form receipt will be by email, so please ensure email address is provided.

The above information will be used on your name badge

Correspondence address: _____

Postcode: _____

Telephone: _____

Fax: _____

Are you a GUNA member? Yes No

Are you an NANCSSH/
NHIVNA/ SHAA member? Yes No

Special dietary requirements: Vegetarian

Other (please specify) _____

SECTION A

REGISTRATION FEES

GUNA/NANCSSH/NHIVNA/SHAA members	£35
Non Members	£150
Private Healthcare/Commercial Partners (includes trade stand)	£300
Total Fee	£ <input style="border: 1px solid black; width: 100px; height: 20px;" type="text"/>

SECTION B

PAYMENT DETAILS*

By cheque:

I enclose a cheque made payable to GUNA

By credit/debit card:

I authorise payment by credit card

Card type: Mastercard Visa

Switch Issue no: (Switch only)

Card number:

Security no: (on reverse)

Start date: / Expiry date: /

Name as it appears on the card: _____

Full billing address _____

(with full post code): _____

Signature: _____ Date: _____

By invoice:

I wish my employer/sponsor to be invoiced

Name of person/institution to be invoiced: _____

Address: _____

Cost/budget code: _____

* Please note that payment will appear on statements as Metrosexual Health Limited.