

9th STAFFORDSHIRE CONFERENCE ON CLINICAL BIOMECHANICS
April 9 – 10, 2011 (Saturday and Sunday)
REGISTRATION FORM

SURNAME TITLE FIRST NAME

ORGANISATION

POSITION

POSTAL ADDRESS

POST CODE

TELEPHONE

EMAIL (Please print clearly)

REGISTRATION FEES

Prior To 25th February, 2011 From 26th February, 2011

FULL REGISTRATION	£245	£270	£.....
STUDENT REGISTRATION	£135	£150	£.....
DAY REGISTRATION	£135	£145	£.....

If day delegate, please specify which day attending: Saturday / Sunday

I will be attending the Saturday Evening Conference Dinner
(included in the full/ student delegate rate) YES / NO

Please indicate if you require vegetarian meal/have any special dietary needs

I would like extra tickets for the Saturday Conference Dinner at £20.00 each
£20.00 X £

Registration Fees Total £.....

Please tick, if you are attending the EMG workshop (sponsored by Delsys) on Friday (08 April 2011).

If you are registering for the conference, the workshop is complementary. However, places are limited and we will allocate on first come first served basis.

If you are not planning to attend the full conference and would like to confirm a place in the workshop, there is a nominal charge of £25. Please complete a separate registration form)

Accommodation – Please see attached list of hotels available. Please contact them directly to make a booking. Unfortunately we cannot book rooms on your behalf.

PAYMENT METHOD

- Cheques should be made payable to '**Staffordshire University**'.
- You can pay by phone using your credit cards. For Credit card payments, please contact our Finance Department on **01782 294412** or **01785 353536**.

Please complete in BLOCK LETTERS and return with your payment to:

Conference Secretariat, Staffordshire Conference On Clinical Biomechanics
Staffordshire University
Faculty of Health, Leek Road, Stoke on Trent - ST4 2DF, United Kingdom
www.staffs.ac.uk/sccb

Please tick here if you do not wish your name and other contact details to be listed on the conference attendance list.