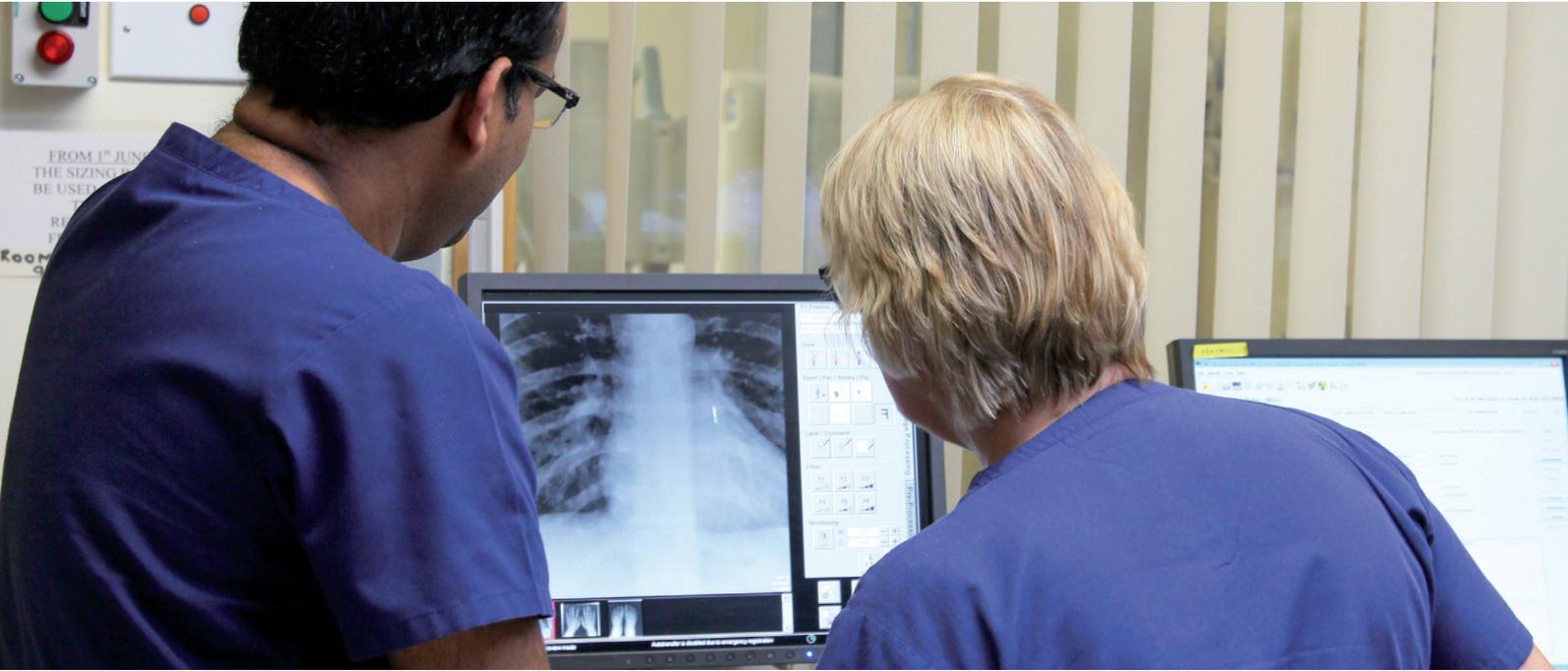




British  
Thoracic  
Society

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Better lung health for all





# BOOKING FORM

JOB TITLE

PLACE OF WORK

SALUTATION / TITLE

BTS Member? Yes  No

NAME

ADDRESS (for all correspondence)

POST CODE

DAY TEL

EMAIL

Please indicate any special requirements e.g. dietary, wheelchair access, hearing aids, allergies, etc.

### Payments Details

We cannot accept Amex, Diners Club or Visa Corporate Payment Cards (card numbers beginning 4715, 4484 or 4917)

Please debit my MasterCard, Visa, Euro card, Maestro or Solo number (delete as necessary) for £.....

Card number

Valid From (Maestro/Solo only)  Valid To (all cards)

3 digit security code (on the reverse of card)  Issue Number (Maestro/Solo only)

Card address (i.e. full address where all correspondence concerning your credit card is sent)

POST CODE

I require an invoice ..... Purchase order number (We cannot process this booking without a copy of the purchase order form)

NB. We are unable to raise invoices addressed to an individual.

Name and full contact details in the Finance Department (i.e. where invoice should be sent and queries can be addressed)

TELEPHONE

I have read and accept the [bookings conditions](#) and [privacy policy](#) as set out on the website and the cancellation policy below.

### Cancellation Policy

- A 25% cancellation charge will apply to all cancellations once the booking has been made.
- If cancellations are received less than 6 weeks prior to the course we cannot usually refund the fee at all. However, if we are able to fill your place from a waiting list a 25% cancellation charge will still apply.
- If you have to cancel the course booking due to circumstances beyond your control, please inform the Society in writing. Every effort will be made to mitigate your potential loss.

Signature .....

### To Book

Please send this form, which must be signed if payment is by credit card to: Email: [bookings@brit-thoracic.org.uk](mailto:bookings@brit-thoracic.org.uk)