

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 EM.	AIL	
Please indicate any special requirements e.g. dietary,	wheelchair access, hearing aids, allergies, etc.	
	te Payment Cards (card numbers beginning 4715, 4484 or 4917 estro or Solo number (delete as necessary) for £	
Card number Valid From (Maestro/Solo only) 3 digit security code (on the reverse of card) Card address (i.e. full address where all correspondence	Valid To (all cards)	
	POST CODE	
I require an invoice		the purchase order form)
NB. We are unable to raise invoices addressed to an inc	dividual.	
Name and full contact details in the Finance Departme	ent (i.e. where invoice should be sent and queries can be address	sed)
	TELEPHONE	
I have read and accept the bookings conditions a	and cancellation policy as set out on the website.	
 Cancellation Policy A 25% cancellation charge will apply to all cancellat If cancellations are received less than 6 weeks prior However, if we are able to fill your place from a wait If you have to cancel the course booking due to circ Every effort will be made to mitigate your potential 	r to the course we cannot usually refund the fee at all. ting list a 25% cancellation charge will still apply. cumstances beyond your control, please inform the Society in wi	riting.
Signature		
To Book		
Please send this form, which must be signed if payment Telephone: 020 7831 8778 Fax: 020 7831 8766 Email: I	t is by credit card to: British Thoracic Society 17 Doughty Street L bookings@brit-thoracic.org.uk	ondon WC1N 2PL