



International Alliance of ALS/MND Associations

ALLIED PROFESSIONALS' FORUM

5 December 2013, Atahotel Quark, Milan, Italy

Registration Form

This form should be completed by healthcare professionals wishing to attend the allied professionals' forum.

Please print in capitals (one form per delegate)

Title: _____ Last name: _____ First name: _____

Institution: _____ Job title: _____

Mailing address:

Tel: _____ Fax: _____ Email: _____

Please indicate any special dietary requirements: _____

Registration: Standard £105 – Before 17 November Onsite £150 – 18 November onwards

PAYMENT METHOD: Visa Mastercard Bank transfer Cheque/Money order/Bankdraft Amex Switch/Maestro

Credit card number:

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Issue No:

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 For your security, please write the last 3 numbers printed on the reverse of your card. If Amex the 4 numbers printed on the front of the card.

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(shaded boxes are for Switch/Maestro card use only)

Valid Date: ___/___/___ Expiry Date: ___/___/___ Name of Cardholder: _____

Cardholder's billing address:

Signature: _____ Date: ___ / ___ / ___

Send Direct Bank Transfer payments to:

MND Association, Lloyds TSB Bank plc, George Row, Northampton NN1 2PR
Account No. 02952679 Sort Code: 30-96-09 BIC: LOYDGB21071 IBAN: GB82 LOYD 3096 0902 9526 79

Please submit this form with your payment made out to:

Motor Neurone Disease Association, P O Box 246, Northampton NN1 2PR United Kingdom

A copy of your bank transfer **MUST** accompany your Registration Form. Payments should be made gross of bank charges that may be incurred.