**APAA CONFERENCE BOOKING FORM**

**9th Annual Conference Physicians’ Assistants Anaesthesia (APA(A))
*12th May 2017******Marriott Hotel, Cardiff.***

***Fee:***

***APA (A) Members – Trained - £75/ Trainee - £50***

***Non-Members - £90***

|  |  |
| --- | --- |
| ***Name of Delegate*** |  |
| ***APA(A) Member*** | ☐ yes☐ no |
| ***Grade/Title*** | ☐Trainee PA(A)☐Qualified PA(A)☐Other (e.g. consultant/speciality doctor) please state …………………………………. |
| ***Contact email*** |  |
| ***Contact phone number*** |  |
| ***Contact Address*** |  |
| ***Preferred payment method******(please indicate one)*** | ☐ PayPal☐ BACS☐Invoice to trust – Please provide details.☐ cheque to APA(A) |

*Special Dietary Requirements: (please state) ……………………………………………………………….*

*Invoice details: ………………………………………….………………....................................................*

***…………………………………………………………………………………………………………………………………***

***Please return this form to Lisa.churchill@wales.nhs.uk***

*Payment can be made via;
PayPal at info@anaesthesiateam.com, BACS, invoice to your trust, or by cheques to‘APA(A)’.*