

F E N D

Federation of European Nurses in Diabetes

15th Annual Conference

Stockholm, Sweden

19-20 September 2010

REGISTRATION FORM

Mr/Ms/Dr	First name	FAMILY NAME
Profession	FEND Membership no:	
Address for correspondence		
.....		
Email (work)	Email (home)	
Tel (work)	Tel (home)	

CONFERENCE FEE

	(√)		GBP
Before 1 May 2010	<input type="checkbox"/>	FEND Member	£300
	<input type="checkbox"/>	Non-Member	£400
From 1 May 2010	<input type="checkbox"/>	FEND Member	£375
	<input type="checkbox"/>	Non-Member	£475

NOTES

- Fee includes refreshments, lunch & Conference Dinner (19th Sept) and refreshments, lunch (20th Sept)
- Cancellation policy - see web site
- **To obtain the Member rate you must be a FEND member by 1 April 2010**

PAYMENT OPTIONS Please mark box to indicate payment method

(√)

<input type="checkbox"/>	CREDIT CARD ONLINE	I have paid £..... (GBP) Date..... Payment Reference no.....
--------------------------	---------------------------	---

<input type="checkbox"/>	PERSONAL CHEQUE (UK bank)	I enclose my (UK bank) cheque for £..... (GBP) payable to FEND
--------------------------	----------------------------------	---

<input type="checkbox"/>	DIRECT BANK TRANSFER	I have paid £..... (GBP)
It is very important that the bank transfer request form includes a reference to the name(s) of the people to whom the payment refers: e.g. " Registration (first name last name) "		
<i>All bank charges must be paid by sender</i>		
FEND BANK DETAILS FOR PAYMENT		
A/c name: Federation of European Nurses in Diabetes		
IBAN: GB85BARC20721740905135		
Swift/BIC: BARC GB22		
Address: Barclays Bank, PO Box 13, George Street, Richmond, Surrey, TW9 1JU, UK		

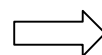
SIGNED:

(PRINT)

HOW TO RETURN FORM

- by email to registration2010@fend.org

- by post to:



FEND Registration
Kristin de Backer
Fazantenlaan 6
2610 Antwerp - Wilrijk
Belgium

Remember:

If using **Direct Bank Transfer** it is important to include a copy of bank transaction reference including your name