



**ASSOCIATION FOR RESPIRATORY TECHNOLOGY &
PHYSIOLOGY ANNUAL CONFERENCE
28-30 January 2010
Park Inn Hotel, Heathrow**

REGISTRATION FORM

Title _____ First Name _____ Surname _____
 Hospital/ Company (*for badge*) _____
 Address (for correspondence) _____
 _____ Postcode _____
 Telephone Number _____ Fax Number _____
 Email Address _____
 ARTP Membership Number _____ Grade _____

Registration Fees (include all refreshments and Thurs/Friday Evening Events unless otherwise stated)

	Early full delegate	Late full delegate	Thurs Only	Fri Only (incl gala dinner)	Fri only (excl gala dinner)	Sat only
ARTP Member	£170	£200*	£80	£110	£80	£40
Non-Member	£215	£245*	£125	£185	£125	£50
ARTP Student Member	£140	£170*	£60	£100	£60	£30
Student Non-Member <i>(early and late includes ARTP Membership up to 1/5/10)</i>	£170	£200*	£90	£130	£80	£40

***Late Registration Supplement applies to registrations received after 31/12/09**

NO REFUNDS WILL BE AVAILABLE FOR CANCELLATIONS TO REGISTRATION OR ACCOMMODATION BOOKINGS WITHIN 4 WEEKS OF CONFERENCE. CANCELLATIONS MADE BEFORE THIS DATE WILL INCUR A £25 ADMINISTRATION CHARGE. NAME CHANGES CAN BE MADE AT ANY TIME WITHOUT CHARGE.

Total cost for registration:

ACCOMMODATION

Hotel rooms will be allocated on a first-come first-served basis. Please note that twin rooms at the host hotel comprise two double beds.

Date	Single	Twin p.p	Double p.p
Wednesday 27 January	£95	£75	£75
Thursday 28 January	£95	£75	£75
Friday 29 January	£95	£75	£75

Prices are per person/per night and include breakfast

Please tick dates for accommodation required Wednesday 27th Thursday 28th Friday 29th

Room type: (Single, double, twin) _____ Sharing with _____

Total cost for Accommodation:

Additional tickets for the Gala Dinner on Friday 29 January are available for guests @ £55 to include half a bottle of wine and two drinks vouchers for the pre-dinner drinks reception.

I require *extra gala dinner tickets @ £55*

Total: £

Please indicate any dietary requirements eg vegetarian

If you are driving to the Conference, you will be required to pay the hotel a negotiated parking fee of £10 per person for 2.5 days or £5 for 24 hours. Please indicate if you require a car parking space as these are limited.

Payment Details (Accommodation + Registration)

Attendance: Thurs pm Friday am Friday pm Saturday am

Car parking space: Wednesday Thursday Friday Saturday

Total accommodation cost £

Total registration fee £

TOTAL AMOUNT PAYABLE: £

I enclose payment as a Cheque, made payable to "ARTP" for £

I wish to pay by Credit Card, please charge my card an amount of £

Visa/ Mastercard No Exp. Date

Name on card Signature

Issue No (Switch Only) Security No (last 3 digits on reverse of card)

I require an invoice for my hospital (We cannot invoice hospitals without a hospital order number)

Hospital Order Number

Full Invoice Address

PLEASE RETURN YOUR COMPLETED FORM WITH PAYMENT TO:

ARTP 2009, Executive Business Support Ltd,
Suite 4, Sovereign House, 22 Gate Lane, Boldmere, B73 5TT
Tel: 0845 226 3062, Fax: 0121 355 2420
Email: conference@artp.org.uk

FOR OFFICIAL USE ONLY

Date received: Delegate No:

Invoice No: Amount Paid:

Hotel Allocated: Delegate type: