



**Royal Society of Tropical Medicine & Hygiene Conference
CONFERENCE DINNER-THAMES CRUISE BOOKING FORM**

Delegate Details:	
Title (Prof., Dr, Mr, Ms):	
Family name:	
First name:	
Address:	
Post/Zip Code:	
Country:	
Tel:	
Fax:	
Email:	
Special access or dietary requirements:	
Please book me ___ additional ticket(s) for the conference dinner: £50 + vat @ 17.5% = £58.75	
Total payment required	
Please charge my Visa/Amex/MasterCard (Delete as applicable)	
Card No:	
Expiry Date:	
Today's Date:	
Name & Address of Cardholder if different from above:	
Name:	
Address:	

DECLARATION (Please note that unsigned forms cannot be accepted)

I have read and agree to abide by the payment and cancellation terms, and I understand that this form confirms my conference booking. I accept that from now on charges will be imposed for cancelled registrations, and that up to the full registration fee will be payable if I am unable to attend the conference for any reason.

Signed: _____

Print: _____

Date: _____/_____/_____