**Registration Form - 9th AStretch Conference**

**A-Stretch into your future clinical practice**

**Please email your completed registration form to: education@astretch.co.uk**

**Page 1: Personal details**

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| **Location:** | **Crowne Plaza, NEC, Birmingham**  |
| **Conference Date:** | **Saturday 16th November 2019** |
| **NAME:** |  |
| **CONTACT ADDRESS:** |  |
| **EMAIL ADDRESS:** |  |
| **TELEPHONE NUMBER:** | **work:**  |
| **mobile:** |
| **home:** |
| **PROFESSION & GRADE:** |  |
| **ARE YOU A STUDENT?** (Y/N) |  |
| **AREA / PLACE OF WORK:** |  |
| **Involvement / experience of Ankylosing Spondylitis** (including any NASS group work) |  |
| **Do you have any specific dietary requirements?** |  |
| **Would you like to be placed on the AStretch data base to be informed of any future events?** (Y/N) |  | **If available would you be interested in attending an early bird 7.30am education session at the conference?** (Y/N) |  |

**Page 2 : Payment**

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| **Payment method:**Please state payment method you are going to undertake:1. cheque, or

2) BACS transfer - AStretch account |  |
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| **Cheques payable to**: **AStretch** | **Post to**: AStretch c/o Heather Harrison49 Stratford WayHuntingtonYorkYO32 9YW |
| **BACS transfers to**:  | AStretchLloyds Bank  Account No: 02080112Sort code: 30 93 97 |

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| **Please note: conference attendance is only secured when full payment has been received** |