



British Orthopaedic Specialists Association

7TH BOSA ANNUAL MEETING at the RNOH

Postgraduate Centre, Royal National Orthopaedic Hospital,
Stanmore, Middlesex

Friday 4th & Saturday 5th November 2011

REGISTRATION FORM

Please complete in full – {early registration is strongly advised for this meeting}

SURNAME..... FIRST NAME (S)

{Prof / Mr / Dr / Mrs / Miss / Ms} PRESENTING AUTHOR: YES / NO (Please circle)

WORK TOWN FOR BADGE

MAIN HOSPITAL

HOME ADDRESS

..... POSTCODE

EMAIL

TEL: {inc. STD} MOBILE:

PROFESSIONAL STATUS {please circle your current status}:
Senior Fellow / Consultant / Associate Specialist / Staff Grade / Specialist Registrar / Visiting Registrar /SHO /
Clinical Fellow
Other {please specify}

SPOUSE / PARTNER – ATTENDING YES/NO NAME

REGISTRATION FEE – includes Tea, Coffee and lunch.
{please circle and enter the appropriate fee}

CATEGORY	FEE	Amount
Members	£100.00	
Non Member but presenting paper	£110.00	
Non Member	£125.00	
	TOTAL	£

PAYMENT: I enclose the amount of £..... as indicated above.

PLEASE MAKE CHEQUES PAYABLE TO : BOSA (BRITISH ORTHOPAEDIC SPECIALISTS ASSOCIATION)

PLEASE RETURN COMPLETED FORMS TO:

Hazel Choules - BOSA
at the Royal College of Surgeons
35-43 Lincoln's Inn Fields, London WC2A 3PN

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