

6th Annual Conference of the Children's HIV Association (CHIVA)

IF ONLY WE KNEW ...

Friday 18 May 2012 · Lakeside Centre · Birmingham

Please complete and return to:
 CHIVA Conference Organiser
 Mediscript Ltd
 1 Mountview Court
 310 Friern Barnet Lane
 London N20 0LD
 Fax: +44 (0) 20 8446 9194

Registration Form 2012

Please complete all sections. **BLOCK CAPITALS PLEASE**

Prof / Dr / Mr / Mrs / Miss / Ms Family name: _____
 First name: _____ Position: _____
 Institution: _____ Town/city: _____
The above information will be used on your name badge.

Correspondence address: _____

Postcode: _____ Email: _____

Telephone: _____ Fax: _____

Do you require special assistance? Special dietary requirements: Vegetarian Other (please specify): _____

REGISTRATION FEES

| | <i>Discounted rates for CHIVA, BHIVA and NHIVNA members</i> | | <i>Rates for non-CHIVA, non-BHIVA and non-NHIVNA members*</i> | |
|-----------------|---|----------------------------|---|----------------------------|
| | Early Up to 9 March 2012 | Late After 9 March 2012 | Early Up to 9 March 2012 | Late After 9 March 2012 |
| Non-consultants | £100 | £150 | £130 | £180 |
| Consultants | £130 | £180 | £160 | £210 |
| Industry | £250 | £300 | £250 | £300 |

I will attend the CHIVA Dinner at 2000 on **Thursday 17 May**. (see **page 10** for further details) £20 nominal fee

*Please note that non-CHIVA, non-BHIVA and non-NHIVNA members may register for the conference at the reduced rate applying to CHIVA, BHIVA and NHIVNA members if their registration forms are accompanied by a completed CHIVA, BHIVA or NHIVNA membership form and the appropriate payment. BHIVA membership forms can be downloaded from: www.bhiva.org NHIVNA membership forms can be downloaded from: www.nhivna.org

Only forms received with full payment will be accepted and processed.

METHOD OF PAYMENT (in £ sterling)

TOTAL PAYMENT DUE:

£

By cheque: I enclose a cheque made payable to CHIVA

By credit / debit card: I authorise payment by credit/debit card

Card type: American Express MasterCard Visa Solo/Maestro/Switch Issue no: (S/M/Sw only)

Security code (last 3 digits on reverse): Valid from: (S/M/Sw only)

Card number: Expiry date: (All cards)

Name of card holder†: _____

Signature: _____

Date: _____

†If different from above.

All rates shown above are inclusive of VAT at 20%

VAT Reg No: GB 939 9391 58

Terms and Conditions

- Mediscript Ltd reserves the right to make modifications to the programme(s) and administrative arrangements in the event of special circumstances.
- Providing that written cancellation is received by 6 April 2012, 75% of the registration fee will be refunded. Thereafter no refunds.
- If the conference cannot be held for any reason, CHIVA's liability will be limited to a refund of the registration fee only.

PAYMENT MUST ACCOMPANY THIS FORM. Confirmation of registration will be dispatched after full payment has been received.

Processing your personal data Information provided by you on this form will be processed by Mediscript Ltd and used for the purposes of:

- providing the goods and services ordered by you, and for billing and accounts;
- sending you information about future conferences, events and other related services;
- allowing limited third-party mailings from organisations where we believe their services may be of interest to you.

For official use: CHK _____ DB _____ PD _____ ACK _____