



## Registration Form

To register please complete and return the registration form below:

Fax to: +44 (0) 118 971 4801

Mail to: Claire Norris, ICMD 2009 Conference Secretariat  
 Carlettdene, Church Hill, Midgham, Berkshire, RG7 5UQ, UK

**Please register me for the 3<sup>rd</sup> International Conference on Movement Dysfunction**

Delegate Details	
<b>Title:</b>	
<b>Family Name:</b>	
<b>First Name:</b>	
<b>Job Title:</b>	
<b>Organization:</b>	
<b>Address:</b>	
<b>Post Code / Zip Code:</b>	
<b>Country:</b>	
<b>Tel:</b>	
<b>Fax:</b>	
<b>Email:</b>	
<b>Special Access or Dietary Requirements:</b>	

Please tick this box if you do not wish your name and affiliation to be included in the list of attendees given to delegates at the meeting.

Please tick this box if you do wish your email address to be given out to delegates of this conference, in the knowledge that it may be used by them for future 3rd party mailings.

Presenters should provide their abstract reference number in order to ensure that their material is included in the final program and abstract book: [e.g. MOVE0001] Ref: \_\_\_\_\_

Please send me information on exhibition and sponsorship opportunities at the congress

## Registration Rates

Delegates should register by July 31, 2009 for reduced delegate rates.

### Conference registration

- Early booking conference delegates** (all registrations received on or before 31 July 2009 )  
£350.00 + VAT @ 15% = £402.50
- Conference delegates** (for registrations received after 31 July 2009)  
£400.00 + VAT @ 15% = £460.00
- One day conference delegate**  
£150.00 + VAT @ 15% = £172.50 per day

Select day:  Friday  Saturday  Sunday

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### Pre conference Courses

Please indicate which pre-conference courses you wish to attend.

Each course costs £120.00 + VAT @ 15% = £138.00. It is only possible to attend one course on each day.

Wednesday 28 October 2009

- M. Comerford  W. Dankaert  L. Moseley

Thursday 29 October 2009

- G. Cook  D. Falla  S. Sahrman

Payment Details	
Total Payment Required €:	
I wish to pay by BANK TRANSFER – Please tick <input type="checkbox"/>	
I wish to pay by CHEQUE and enclose a cheque payable to Elsevier Ltd – Please tick <input type="checkbox"/>	
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Today's Date:	
Name & Address of cardholder if different from above	
Name:	
Address:	

I confirm that all of the above information is correct and that I am the valid credit card holder or authorised to enter into this transaction on behalf of the individual identified above, who is the valid credit card holder.

**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: \_\_\_\_\_ Date: \_\_\_\_\_

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By submitting this form, you will be indicating your consent to receiving marketing messages from us unless you have indicated an objection to receiving such messages by ticking the boxes below.

If you *do not* wish to receive special offers or promotions from us about related products and services please tick the relevant boxes below.

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If you *do* wish to receive special offers and promotions from carefully selected third party products and services that we feel may be of interest to you, please tick the appropriate boxes below:

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