GENITO-URINARY NURSES ASSOCIATION

www.guna.org.uk

Autumn Clinical Meeting & Ordinary Business Meeting

Sexual Health update

Saturday **17th October 2009**

St Anne's Church Soho, London W1D 6AF

BOOKING FORM

PLEASE RETURN THIS FORM TO:
Justin Gaffney, GUNA Chair, Metrosexual Health/SohoBoyz,
Unit FF15 Base Station, The Saga Centre, 326 Kensal Road,
London W10 5BZ
Tel/Fax 020 8968 3409

REGISTRATION DETAILS

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS, BLACK PEN.

Prof / Dr / Mr / Mrs / Miss / Ms
Family name: _____
First name: _____
Position/Job title: _____
_____
Institution/Clinic: _____
_____
Town/city: _____
_____
Email: _____
Please state that confirmation of booking form receipt will be by email, so please ensure email address is provided.

The above information will be used on your name badge
Correspondence address: _____
_____
_____
Postcode: _____
Telephone: _____
Fax: _____
Are you a GUNA member? Yes ☐ No ☐
Are you an NANCSH/ NHIVNA/ SHAA member? Yes ☐ No ☐
Special dietary requirements: Vegetarian ☐
Other (please specify) _____
_____

SECTION A — REGISTRATION FEES

GUNA/NANCSH/NHIVNA/SHAA members	£35
Non Members	£150
Private Healthcare/Commercial Partners (includes trade stand)	£300

Total Fee £ _____

SECTION B — PAYMENT DETAILS*

By cheque:
I enclose a cheque made payable to GUNA ☐

By credit/debit card:
I authorise payment by credit card ☐
Card type: Mastercard ☐ Visa ☐
Switch ☐ Issue no: ☐☐ (Switch only)
Card number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Security no: ☐☐☐ (on reverse)
Start date: ☐☐/☐☐ Expiry date: ☐☐/☐☐

Name as it appears on the card: _____
Full billing address _____
(with full post code): _____
Signature: _____ Date: _____

By invoice:
I wish my employer/sponsor to be invoiced ☐
Name of person/institution to be invoiced: _____
Address: _____
_____
Cost/budget code: _____

* Please note that payment will appear on statements as Metrosexual Health Limited.