

AOUK Annual General Meeting

Alton Towers Hotel 25th & 26th November 2017

Personal details (please amend if necessary)

Surname		First name(s)	
Position		Title	
Hospital		Region	
Correspondence Address		Email	
Telephone (Work)	Fax (Work)	Telephone (Home)	Fax (Home)
Speciality Group (Please X relevant box)	<input type="checkbox"/> General Trauma /Long Bone	<input type="checkbox"/> Hand	<input type="checkbox"/> Theatre Staff (ORP)
	<input type="checkbox"/> Spine	<input type="checkbox"/> Maxillofacial	<input type="checkbox"/> Veterinary
Accommodation	Replied	I wish to attend the meeting - no accommodation	
<input type="checkbox"/> Single	<input type="checkbox"/> Y/N	I wish to attend the meeting with accommodation	
<input type="checkbox"/> Double	Arrival Date	I am unable to attend the above	
<input type="checkbox"/> Family		Additional Rooms	Occupants
			Ages
No. of rooms per booking	Departure Date		
<input type="checkbox"/> Saturday dinner including children over 13		Special dietary requirements	
<input type="checkbox"/> Saturday dinner including children under 13			
<input type="checkbox"/> Children's' tea party			
Special Notes:			