



”“Order and Disorder - unravelling motor function and dysfunction”

2nd & 3rd December 2011 - St Mary’s Hospital, Paddington, London

Registration Form

Name:.....

Address:.....

.....

.....Post Code:.....

Tel:.....

Email:.....

Current Post:.....

Special Dietary Requirements:

Workshops: Please number in order of preference

A. Clinical examination of the arm

B. The connoisseurs’ Osteopathic manipulation.

C. Treatment & Self-treatment for Restless Legs

D. Positive Diagnosis of Dysfunction.

E. Clinical diagnosis of Thoracic Outlet.

F. Interpretation of MRI – upper limb

I will be attending the Members Forum on Friday 2nd December 2011 2.30 – 5pm.

I wish to make a presentation at the Members Forum

My topic will be.....

Please send the completed form to: BIMM PO Box 1116 Bushey Herts WD23 9BY



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Registration Fees

**Member
(And Rehab Trainee Doctors)**

Non Member

Saturday £90

£125

I enclose a cheque made out to BIMM for the amount of £

Please use form below for credit card bookings

Credit card Bookings:

Name on Card:

Billing Address:

Post Code:

Card no:

Expiry date:

CCV number (Last 3 digits of number on back):

TOTAL £

There is a charge of £3.50 for credit card payments

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