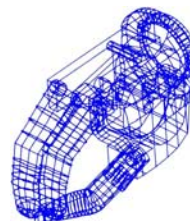




International Society for Prosthetics and Orthotics  
United Kingdom National Member Society

Trent  
International  
Prosthetic  
Symposium

2012



**EXHIBITOR REGISTRATION FORM**

Company Name:	
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Your company details and logo will be published in the conference compendium. Please e-mail your company logo to <a href="mailto:info@ispo.org.uk">info@ispo.org.uk</a> by <b>Friday 30<sup>th</sup> March 2012</b> . If you <b>do not</b> wish your company's details to appear in the compendium please tick this box. <input type="checkbox"/>	

Exhibition Space		
	No. of Spaces	Total £
Exhibition Space (3m x 2m) @ £350 per space		
Table (2m x 600mm) – FOC. Please tick the box if you wish to reserve a table. <input type="checkbox"/>		
<b>Sub Total (A)</b>		
Please indicate the names of the representatives who will attend your stand. You are allowed <b>two</b> representatives per stand space. Additional representatives should register as full conference delegates.		

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**Social Events**

	No.	Total
Monday 21 <sup>st</sup> May Barbeque and Drinks Reception (£28 per ticket)		
Tuesday 22 <sup>nd</sup> May Symposium Dinner (£35 per ticket)		
<b>Sub Total (C)</b>		

**Delegate Folder Inserts**

Please tick this box if you wish to provide inserts for the delegate folders.

Items should be no larger than A4 size and collectively no more than 3mm thick and should be delivered to ISPO UK NMS Secretariat, c/o 24 Manse Road, Bearsden, Glasgow, G61 3PR clearly marked "TIPS 2012 Delegate Inserts" to arrive no later than **Friday 11<sup>th</sup> May 2012**.

**Manufacturers' Workshops**

Please tick this box if you are interested in participating in a workshop.

A member of the Organising Committee will contact you to discuss further.

**Sponsorship Opportunities**

Please tick the appropriate box (es) if you are interested in sponsoring

**Guest speaker (s)**

**Monday 21<sup>st</sup> May BBQ & Drinks Reception**

**Tuesday 22<sup>nd</sup> May Symposium Dinner & Wine**

A member of the Organising Committee will contact you to discuss further.

**Payment**

Payment must be made at time of registration.

**Total Amount Payable ( A + B + C)**

**£ .....**

**Method of Payment** (please choose one option)

By **cheque** made payable to **ISPO UK NMS**.

By **BACS** transfer to: The Royal Bank of Scotland plc, Dundee Ninewells Hospital Branch, Ninewells Hospital, Dundee, DD1 9SY. Sort Code: 83-28-39 Account No: 00146801   
A BACS remittance advice should accompany your registration form.

By **international bank transfer** to: The Royal Bank of Scotland plc, Dundee Ninewells Hospital Branch, Ninewells Hospital, Dundee, DD1 9SY. Beneficiary: ISPO UK NMS   
IBAN No: GB29RBOS83283900146801 Swift Code: RBOSGB2L

**Please forward your completed registration form, together with payment, to:**

**Irene Cameron, ISPO UK NMS Secretariat, PO Box 2781, Glasgow, G61 3Y1**

**Tel/Fax: + 44 (0) 141 560 4092 E-mail: [info@ispo.org.uk](mailto:info@ispo.org.uk)**

**Full conference and exhibition details are available on the ISPO UK NMS website at [www.ispo.org.uk](http://www.ispo.org.uk)**