## Delegate Booking Form

### NAME:

### JOB TITLE:

### COMPANY:

### ADDRESS:

### POSTCODE:

### TELEPHONE:

### EMAIL:

### PLEASE STATE ANY ACCESS AND/OR DIETARY REQUIREMENTS:

### IHEEM MEMBER: YES ☐ NO ☐ MEMBERSHIP NUMBER:

### DELEGATE RATES: *Please note all prices include VAT*

<table>
<thead>
<tr>
<th></th>
<th>£60.00</th>
<th>☐</th>
<th>£120.00</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHEEM Member</td>
<td></td>
<td></td>
<td>IHEEM Non-Member</td>
<td></td>
</tr>
</tbody>
</table>

### PAYMENT DETAILS:

- ☐ I enclose a cheque payable to IHEEM for the sum of £_________________________.
  Please attach your cheque with this form and send in to the post to IHEEM.

- ☐ Please send me an invoice using purchase order number: ____________________________
  (only available to NHS delegates).

### ALTERNATIVELY, YOU CAN BOOK YOUR PLACE BY PHONE:

Please contact IHEEM head office on 02392 823186 to book your place and pay by debit/credit card.

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RETURN THIS FORM TO:
IHEEM, 2 ABINGDON HOUSE
CUMBERLAND BUSINESS CENTRE,
PORTSMOUTH, HAMPSHIRE,
PO5 1DS
Email: events@iheem.org.uk