**8th Annual Conference Physicians’ Assistants Anaesthesia, APA (A)   
*20th May 2016******Manchester Conference Centre***

***Fee:***

***APA (A) Members – trained - £75/ Trainee - £35***

***Non-Members - £105***

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| --- | --- |
| ***Name of Delegate*** |  |
| ***APA(A) Member*** | yes  no |
| ***Grade/Title*** | Trainee PA(A)  Qualified PA(A)  Other (e.g. consultant/speciality doctor) please state …………………………………. |
| ***Contact email*** |  |
| ***Contact phone number*** |  |
| ***Contact Address*** |  |
| ***Preferred payment method***  ***(please indicate one)*** | PayPal  BACS  Invoice to trust  cheque to APA(A) |

*Special Dietary Requirements: (please state) ……………………………………………………………*

*……………………………………………………………………………………..............................................*

***Please return this form to clare.millard@srft.nhs.uk***

*Payment can be made via;   
PayPal at info@anaesthesiateam.com, BACS, invoice to your trust, by cheques payable to ‘APA (A)’ or by bank transfer Sort code: 09-01-28 Account Number: 92839367*