

## Payment details

I enclose payment of £  by cheque made payable to The Royal Society of Medicine

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Issue No.\*

CSV\*\*

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Cardholder's name and address (if different from other side)


Cardholder's signature

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\*Switch only \*\*The Card Security Code is the last 3 digits (4 for AMEX) on the signature strip on the back of your card.

### Please return your form to or for further information contact:

Chanel Roachford  
Academic Department,  
Royal Society of Medicine,  
1 Wimpole Street,  
London W1G 0AE  
Email: [plastic.surgery@rsm.ac.uk](mailto:plastic.surgery@rsm.ac.uk)  
Tel: (+44) (0) 20 7290 3942  
Fax: +44 (0) 20 7290 2989  
[www.rsm.ac.uk/plastic-surgery](http://www.rsm.ac.uk/plastic-surgery)

**Please return form by Friday 1 March 2013**

☐ If you are not a member of the RSM please tick here if you do not wish to receive future mailings from the Royal Society of Medicine.

After providing payment you have 48 hours to cancel and receive a full refund providing there are at least 4 working days until the meeting. Refunds on cancellations after 48 hours will be given only on fees over £10 and will incur a 15% administration charge. No refunds can be given on cancellations made within 4 days of the meeting. Places are guaranteed only upon written confirmation and acceptance is at the organiser's discretion. If pre-payment has not been made by the date of the event, the organiser reserves the right to refuse admission. If you requested to be invoiced for the event and payment has not been received, you must provide credit card details which will be charged if payment is not received within 5 working days. Delegate substitutions are free however when the substitution entails changing to a different event, a 15% admin charge will incur. Registrations will not be accepted over the telephone. Where appropriate, any special dietary requirements are required at least 4 working days before the event. Different catering on the day will be charged at £10 and your meal will be delayed. Terms and conditions are correct at time of printing and we reserve the right to amend these. For full terms and conditions visit the online meeting programme. We accept no legal responsibility for any facts stated or opinions expressed during the event and is the responsibility of any person to satisfy themselves as to which part(s) of those facts/opinions should be relied on in any way whatsoever.

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ORGANISED BY THE Plastic Surgery Section

## Perineal reconstruction

Tuesday 12 March 2013 • Venue: Royal Society of Medicine, London  
[www.rsm.ac.uk/plastic-surgery](http://www.rsm.ac.uk/plastic-surgery) • CPD: 2 (applied for)



# Perineal reconstruction

An evening meeting organised by the Plastic Surgery Section

**Programme:**

- 6.30 pm

**Registration, tea and coffee**
- 7.00 pm

**Introduction**  
Mr Neil Bulstrode, President of Plastic Surgery Section, The Royal Society of Medicine
- 7.05 pm

**Perineal reconstruction**  
John Telfer
8. 05pm

**Case presentations**
- 8.40 pm

**Completion of evaluation forms**
- 8.45 pm

**Conclusion**  
Mr Neil Bulstrode, Plastic Surgery Section, The Royal Society of Medicine
- 8.50 pm

**Close of meeting**

# Registration form

Register online at [www.rsm.ac.uk/plastic-surgery](http://www.rsm.ac.uk/plastic-surgery)

**Perineal reconstruction**

**Tuesday 12 March 2013**

Please photocopy this form for additional delegates

Name* (title, forename, surname)	
Present appointment*	
Present institute*	
*Please complete as you would like your details to appear on name badge, delegates list and attendance register	
Address or RSM membership No.	
Postcode	
GMC/GDC Number	
Daytime tel.	
Email address	
Any special or dietary requirements	

☐ Male ☐ Female

**Payment details (please tick the appropriate box(es))**

**Registration closes Wednesday 6 March 2013**

	Standard rate
<b>RSM Members</b>	
Fellow	£15 <input type="checkbox"/>
Associate	£10 <input type="checkbox"/>
Trainee	£10 <input type="checkbox"/>
Student	£ 5 <input type="checkbox"/>
<b>Non – RSM Members</b>	
Consultant/GP	£35 <input type="checkbox"/>
Allied Health Professional	£20 <input type="checkbox"/>
Trainee	£20 <input type="checkbox"/>
Student	£10 <input type="checkbox"/>

Please complete both sides

Office use only
Delegate:
Campaign code:
Event code: PSD05