

UNIVERSITY OF OXFORD

From the Administrator
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University of Oxford
Nuffield Department of Anaesthetics
John Radcliffe Hospital
Headley Way, Headington
Oxford OX3 9DU

3rd Oxford Pain Day

15th September 2008

Booking Form

The fee includes all sessions, tea & coffee and lunch.

Title _____ Forename _____ Surname _____

Address _____

Post Code: _____

Telephone: Home: _____ Work: _____

Email: _____

Special (dietary / access) requirements: _____

Please note: There is no parking available at St. Anne's.

Payment Method:

I enclose a cheque for £50.00 sterling as remittance for the meeting.
(Please make cheques payable to 'University of Oxford')

I enclose a completed Credit Card Payment Form.

Signature: _____

Date: _____



Nuffield Department of Anaesthetics

Credit Card Authorisation Form for payment for the 3rd Oxford Pain Day, 15th Sep 2008

Treasury - Cashiers

From (Department): **Nuffield Department of Anaesthetics**

Department Code: **HA**

Date:

(to be completed by NDA Office)

We accept: Visa MasterCard Delta Switch (Issue no:)

Card Number:

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Card Security Code:

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Expiry Date:

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| Amount: | £ 50.00 |
| Amount in words: | Fifty Pounds |
| Cardholder Name: | |
| Address: | |
| Postcode: | |
| Contact Number: | |

Please debit my account with the above transaction.

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|---|--------------------------------|
| Signature (if applicable): | |
| Department Contact Name & Phone Number: | Silvia Dorando 01865 231515 |
| Cost Centre & Account Code: | HA2030 / 43920 |

Once completed, please send to:

The Nuffield Department of Anaesthetics, University of Oxford, John Radcliffe Hospital,
Headley Way, Oxford OX3 9DU