

**13<sup>TH</sup> ANNUAL SCIENTIFIC CONFERENCE IN SPORT & EXERCISE MEDICINE  
&  
30<sup>TH</sup> ANNIVERSARY OF CENTRE FOR SPORT & EXERCISE MEDICINE, QMUL  
In association with  
EUROPEAN COLLEGE OF SPORT & EXERCISE PHYSICIANS.**

*A GREAT OCCASION TO HAVE A REUNION,  
A PARTY & MAKE NEW FRIENDS*

**8<sup>TH</sup>-9<sup>TH</sup> SEPTEMBER 2011**

CLARK KENNEDY LECTURE THEATRE, QM INNOVATION BUILDING, 5 WALDEN STREET,  
WHITECHAPEL, LONDON E1 1BB

**REGISTRATION FORM**

FULL NAME: .....

ADDRESS: .....

.....

TELEPHONE NO: .....

FAX: .....

MOBILE: .....

E-MAIL: .....

PLACE OF WORK: .....

POSITION: .....

The cost of attendance includes lunch, morning and afternoon refreshments, single or two days of education and certificate of attendance.

There is also 30<sup>th</sup> Anniversary Celebration dinner to be held in the SCR at Queen Mary, Mile End. Come and enjoy the Italian cuisine and at the same time have a reunion. There will of course be the traditional pub crawl along Mile End Road, to which everybody is welcome.

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I wish to attend the 13<sup>th</sup> CSEM Annual Scientific Conference and enclose the payment as follow:

		Please tick
<b>8<sup>th</sup> September</b>		
Non-student	£90.00.	<input type="radio"/>
Students (not presenting paper)	£40.00.	<input type="radio"/>
Students (presenting paper)	£00.00.	<input type="radio"/>
30 <sup>th</sup> Anniversary Celebration Dinner	£60.00.	<input type="radio"/>
The dinner to include champagne reception, Italian cuisine 2 course hot buffet with wine and soft drinks.		
<b>9<sup>th</sup> September</b>		
Non-student	£90.00.	<input type="radio"/>
Students (not presenting paper)	£40.00.	<input type="radio"/>
Students (presenting paper)	£00.00.	<input type="radio"/>
<u>TOTAL</u>	£.....	<input type="radio"/>

PLEASE MAKE CHEQUE PAYABLE TO 'QUEEN MARY', COMPLETE AND RETURN THIS BOOKING FORM WITH FULL PAYMENT TO:

**Sue Tracey, Administrator, Centre for Sports & Exercise Medicine  
Mile End Hospital, Bancroft Road, London E1 4DG  
Tel: 0208 223 8849  
Fax: 0208 223 8930  
Email: Sue.Tracey@thpct.nhs.uk**

**Signature:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_