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| **Honorary Secretary**Nicholas Baldwin, Archivist, Great Ormond Street Hospital for ChildrenLondon WC1N 3JHEmail: nick.baldwin@gosh.nhs.ukTel: 020 7405 9200 x 5920 | BSHPCH logo | **President**Professor Michael Dillonmichael.dillon@ucl.ac.uk |

**BRITISH SOCIETY for the HISTORY of PAEDIATRICS and CHILD HEALTH**

 [www.BSHPCH.com](http://www.bshpch.com/)

**AUTUMN MEETING, 2022**

**At the Royal College of Anaesthetists, London**

**Friday 18th and Saturday 19th November 2022**

**Registration form**

**Registration – for members of the BSHPCH**

*Please register promptly to secure accommodation (see note below).*

Full Package **=** Registration, bed for Friday night, dinner and wine reception, 2 lunches (Breakfast not included).

**Full Package cost** both days, lunches, dinner and accommodation Friday night **£ 350**

**Day Delegates** – both days, 2 lunches, dinner, but no accommodation **£ 175**

**Day Delegates** – both days, 2 lunches, no dinner or accommodation **£ 100**

**Dinner and wine reception only - £ 75**

**Accompanying persons;** lunch Friday £**15**, dinner + wine reception £**75**; lunch Saturday £**15**.

 **Day Delegate Students** – lunches, tea and coffee £ **25**

 the above + dinner **£ 90**

**Accommodation**

We have reserved 12 rooms at the Premier Inn, Holborn, at a cost of £175 per double room. These have to be released if not booked 2 weeks before the meeting. This Premier Inn is within walking distance of the conference and the dinner venue (Royal College of Anaesthetists at 35 Red Lion Square). These rooms can be used as single or double.

**Please print name and address below, circle requirement, cheque payable to ‘BSHPCH’ and send by mail with this form by 1st November to:**

Dr J Dossetor, 63 Castle Rising Road, South Wootton. Kings Lynn, PE30 3JA

01553 674022 E-mail **jonathan.dossetor@btinternet.com**

**Alternatively** form back by e-mail, and payment by BACS to Natwest bank; account number 60715499; sort code 56-00-34. Account name ‘British Society’. Reference – your surname + london22

Name: …………………………………… Accompanying person…………………………...

Address: ……………………………………………………………

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.Email: ………………………………………………… Phone:…………………………

Special dietary requirement…………………………