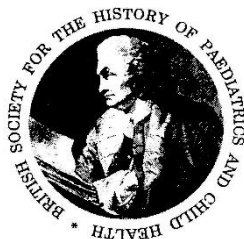


Honorary Secretary
Nicholas Baldwin, Archivist,
Great Ormond Street Hospital for Children
London WC1N 3JH
Email: nick.baldwin@gosh.nhs.uk
Tel: 020 7405 9200 x 5920



President
Professor Michael Dillon
michael.dillon@ucl.ac.uk

BRITISH SOCIETY for the HISTORY of PAEDIATRICS and CHILD HEALTH
www.BSHPCH.com

AUTUMN MEETING, 2020
Royal College of Paediatrics and Child Health, London
Friday 11th and Saturday 12th September 2020

Registration form and Call for Abstracts (Members)

Abstracts

Papers (25 min) for Presentation

Please submit abstracts of papers for consideration for presentation (250 words, including title of paper, name and address of author) to the President (michael.dillon@ucl.ac.uk) by e-mail by 1st July 2020.

Registration – for members of the BSHPCH

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

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

Full Package cost	both days, lunches, dinner and accommodation Friday night	£230
Day Delegates	– both days, lunches, dinner, but no accommodation	£165
Day Delegates	– both days, lunches, no dinner or accommodation	£110
Dinner only -		£55
Accompanying persons; lunch Friday £15, dinner £55; lunch Saturday £20.		

Day Delegate Students	– lunches, tea and coffee	£25
	the above + dinner	£70

Accommodation

We have reserved 12 rooms at the Premier Inn, Holborn, at a cost of £65 per double room. These have to be released if not booked a month before the meeting. This Premier Inn is within walking distance of the conference venue (RCPCH 5-11 Theobalds Road), and the dinner venue (Royal College of Anaesthetists at 35 Red Lion Square). These rooms can obviously be used as single or double at the price we have been offered.

Please print name and address below, circle requirement, cheque payable to ‘BSHPCH’ and send by mail with this form by 30th June to:

Dr J Dossetor, 63 Castle Rising Road, South Wootton. Kings Lynn, PE30 3JA
01553 674022 E-mail jonathan.dossetor@btinternet.com

Name: Accompanying person.....

Address:

.....

.Email: Phone:.....

Special dietary requirement.....