

**REGISTRATION FORM**

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

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

**AUTUMN MEETING, 2017**

**Selwyn College, Cambridge**

**Friday 8th and Saturday 9th September 2017**

**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 (euan.ross@kcl.ac.uk) by e-mail by 1st July 2017.

**Registration -** *You* ***must*** *register* ***before 1st August 2017*** *to secure accommodation.*

Full Package **=** Registration, bed for Friday night, dinner, breakfast, 2 lunches (Fri & Sat).

**Full Package cost** Standard single room **£150**

 Twin room **£185**

(the twin room cost includes breakfast for two people, but please add cost of lunch(s) and dinner for the accompanying person if appropriate)

**Day Delegates** – both days, lunches, dinner, but no accommodation **£80**

**Day Delegates** – both days, lunches, no dinner or accommodation **£45**

**Dinner only £35**

**Full Package for Students** Standard single room **£100**

[Travel grants may be available – apply to administrative Hon Secretary]

**Day Delegate Students** – lunches, tea and coffee, wine reception **£15**

 the above + dinner **£30**

**Accompanying persons;** lunch Friday £15, dinner £35; lunch Saturday £15.

**B&B for Thurs 7th and/or Sat 9th Sept** Standard single room **£70/night**

Twin room **£105/night**

**Accommodation**

Accommodation will be available in Selwyn College; include the extra payment as indicated above if you want an extra night. Also, please indicate if you have limited mobility and would like accommodation on the ground floor. Car parking should be available at the College, or at the rugby ground opposite.

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