MEDICAL COLLEGE EXSTUDENTS ASSOCIATION UK



Annual Reunion and Scientific Program
BLACKBURN
23 24 25 August 2023

REGISTRATION FORM

GENERAL INFORMATION

Phone number	e-mail addres	s		
Name of delegates (please type) Plea	ase scroll to select	Year of entry and age of children	Dietary requirements	
1				
2				
3				
4				
5				
	Do you want to share room someone not a part of your f		if yes., with whom? plea	se type name
Please type any other requirements here, we will try our be-	est			
	REGISTRATION D	ETAILS		Membership
Please select one option corresponding to the delegate number above			ct Pay Pay riff membership registration	Please pay membership if you
1				are a Calcutta Medical College
2				Exstudent and not life member.
3				
4				Registration All delegates above
5				18 years of age pay registration
* Children above 16 years pay adult price		Т.4.14.		
How to pay	By Post Print the completed form and post	Total to p	pay £	
Online Bank Transfer	it with a cheque payable to MCESA-UK		Method of payment	
Please email the form to: malkaush99@yahoo.com	Address:		CHEQUE	
and transfer the dues to HSBC	Kaushik Ghosh 334 Garstang Road		ONLINE	
Account name: MCESA-UK Sort Code: 40-23-13 Account number: 22493241	Preston PR2 9RY			
recount number. 221/3211	11/2 31/1			

PLEASE SAVE THE FORM ONCE COMPLETED AND THEN EMAIL

Date

Type name

A full refund will be issued by the convener if registration is canceled at least 4 weeks before reunion.

A full refund will be issued by the convener if registration has to be canceled due to ill health any time.

Request for refund for a cancellation within 4 weeks of the start of the reunion should be made to the executive committee.

Current AGM decisions will be followed.