

Dinner booking form

Name.....

Address.....

.....e-mail address:

I / We are able to attend the 2018 Annual Dinner on Thursday 15th March 2018

Please indicate which category of membership is applicable:

- Association members (and their partners): £65 per person
- New members (and their partners) – those joining when registering for the dinner: £65 per person
- Non – members (and their partners): £80 per person.
- Junior doctors: £45 per person
- Medical students: £25 per person

A cheque for £.....made out to the Jewish Medical Association (UK) is enclosed

OR a direct transfer of £..... has been made to: Jewish Medical Association (UK), HSBC, Mare St. Sort Code 400319 Account number 70545171

[Note: if you are paying by direct transfer please make sure that you inform us that you have done so, either by email to info@jewishmedicalassociationuk.org, or by posting a copy of this form to the above address]

Special dietary requirements.....

I / We would prefer to be seated with (name):

I / We suggest that you should also send this invitation to:

Name:

Email.....

Address

Visit: www.jewishmedicalassociationuk.org

Contact: info@jewishmedicalassociationuk.org

Supporting the UK's Jewish medical professionals and informing on Jewish and Israeli medical approaches and achievements