

## Liverpool Aortic Symposium IV - New Frontiers Bi-Annual Event

### Scientific Presentation

Title \_\_\_\_\_

Authors \_\_\_\_\_

Corresponding Email \_\_\_\_\_

Corresponding author mobile phone number \_\_\_\_\_

Please enter your abstract up to a maximum of 250 words (font size 10)  
Accepted abstracts will be included in the course manual.

Deadline for submission is Friday 13th May.  
Notification of successful submission will follow approximately one week later.

Please forward the abstract via email to: [lorrainerichardson1@btinternet.com](mailto:lorrainerichardson1@btinternet.com)  
Or by post to: L.R. Associates, 58 Kiln Close, Calvert Green, Buckingham MK18 2FD

Should you require further information, please contact Lorraine on: 01296 733 823 / 077111 32946

### Registration Form (Confirmation by Email)

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Title \_\_\_\_\_ Hospital \_\_\_\_\_ Email \_\_\_\_\_

Correspondence Address \_\_\_\_\_

Postcode \_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_ Special Dietary Requirements \_\_\_\_\_

Accommodation may be booked via the organisers, (rooms are limited so please book early)  
Hilton Liverpool – 3, Thomas Steers Way, Liverpool L1 8LW.

	Before 25/05/11	After 25/05/11	Amount Due
Consultant	£450	£450	_____
Non Consultant Grade	£350	£350	_____
Nurses / Perfusionists	£150	£250	_____
Social Function 9th June	£ 40	£ 40	_____

Accommodation is within walking distance of the venue

Wednesday 08/06/11 B & B	£109	_____
Thursday 09/06/11 B & B	£109	_____
Friday 10/06/11 B & B	£109	_____
Total Amount Enclosed:	£	_____

Credit Card Details

Card Holders Full Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

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Card Type \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry date \_\_\_\_\_ Start Date \_\_\_\_\_

Security Code - Last three digits on back of card \_\_\_\_\_

Maestro or Solo Cards will need the issue number \_\_\_\_\_

Cheques payable to: Liverpool Heart and Chest Hospital – Liverpool NHS Trust and forwarded to L.R. Associates (address above)