

25th Anniversary Conference (1985-2010)

APPLICATION FORM

please use BLOCK CAPITALS

Name _____

Address _____

_____ Telephone _____

Please tick as appropriate

Homeopath £70 Student £55 Non-Homeopath £75

I enclose cheque for £ _____ Signature _____

Membership No. _____ Date _____

The cost of lunch and refreshments are included in the attendance fee.
Lunches must be pre-booked. They cannot be ordered on the day.

Please tick preference: Non-Vegetarian Vegetarian

Places for the conference are strictly limited, and demand is likely to be high,
so make sure you reserve your place.

Please make cheques payable to **HMA Congress**

For further information please contact **Conference Organiser**.

Return this completed form with payment to:
7 Darnley Road, Gravesend, Kent DA11 0RU.

Tel: 01474 560336 Fax: 01474 327431

Email: info@the-hma.org www.the-hma.org