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**10<sup>th</sup> Paediatric Audiology Interest Group Conference**  
**Thursday 13th May 2010, Hilton Hotel, Sheffield**

**‘ANSD – Is the Message getting Through?’**

**REGISTRATION FORM**

\*BSA Members £75.00                       \*Non-Members £115.00                       \*tick as appropriate

\*BSA Student Members £25.00                       \*Students Non-Members £40.00

Lunch / Refreshments included

BSA Members who are currently retired or unemployed but who wish to attend the meeting may be entitled to a reduced delegate rate, please contact the Secretariat for further information.

**ACCOMMODATION:** A limited number of rooms have been reserved at the following hotels at a discounted rate. A credit card number may be requested to guarantee the booking.

**Hilton Hotel.** - B&B.£95 per person per night Tel:0113 244 2000 (group reservations) **Quote GBSAA**

**Park Inn,** Blonk Street. B&B £66. £60 exc. Breakfast Tel. 0114 220 4000 - **Quote Audiology**

An alternative cheaper option – **Ibis Hotel,** Shude Hill, Tel. 0114 241 9600. £50per room per night. Breakfast an additional £6.95. **Quote: 150125**

Confirmation and further details will be sent out in due course. **One form only per delegate.** All registration forms must be accompanied by either payment in full or an official Purchase Order Number and invoice address. *Cheques should be made payable to the British Society of Audiology and sent to the above address.*

LAST NAME:(Professor/Dr/Mr/Mrs/Miss/Ms) \_\_\_\_\_ FIRST NAME \_\_\_\_\_

PROFESSION: \_\_\_\_\_ DIETARY REQUIREMENTS \_\_\_\_\_

PLACE OF WORK: \_\_\_\_\_

ADDRESS FOR CORRESPONDENCE: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Tel. No. inc STD: \_\_\_\_\_ Email Address: \_\_\_\_\_

MEMBERSHIP No. (if applicable): \_\_\_\_\_ Purchase Order No: \_\_\_\_\_

**Invoice address (if payment will be made by your Employer /PCT please include name and invoice address)**

\_\_\_\_\_

\_\_\_\_\_ **Post Code:** \_\_\_\_\_

**I have read and agree with the conditions overleaf for registering for the PAIG Meeting.**

**Signed:** \_\_\_\_\_ (NB: Form cannot be accepted unless signed)

**Payment enclosed: YES/NO**                      **Anyone requiring a loop system please tick the box**

**The meeting will carry points towards Continuing Professional Development**  
*Please complete workshop details overleaf and Please read the BSA Meeting and Conference Terms and Conditions overleaf .....*

## WORKSHOPS

The afternoon of the Conference will consist of three concurrent workshops. Each delegate will be able to attend two of the three workshops. Each workshop will be limited to a maximum of 40 delegates to allow for hands-on training, discussion and interaction. Please number each workshop in your order of preference and we will endeavour to allocate your first and second choice, although this cannot be guaranteed.

**WORKSHOP A:** Audiological Dilemmas in ANSD (Case studies)

*Christine Cameron & Rachel Foley*

1, 2, 3

**WORKSHOP B:** Management of the Child with ANSD

*Tony Sirimanna*

1, 2, 3

**WORKSHOP C:** Management of the Child with ANSD in the Classroom

*David Canning*

1, 2, 3