



BRITISH HERBAL MEDICINE ASSOCIATION

PO Box 583, Exeter EX1 9GX

Tel: 0845 680 1134

Fax: 0845 680 1136

AGM and Herbal Medicine Seminar

Thursday 27 June 2013

Canterbury Hall (University of London), Cartwright Gardens, London WC1H 9EE
(nearest Underground Stations: Russell Square, Euston or King's Cross & St Pancras)

*Non-members are welcome to attend the Herbal Medicine Seminar
and buffet lunch for a registration fee of £35.00 (including VAT).*

Coffee and tea will be served from 10.30 am

The seminar commences at 12.00 noon

PROGRAMME

10.30 am Registration and Coffee

11.00 am **ANNUAL GENERAL MEETING**

Chair: Peter Bradley

HERBAL MEDICINE SEMINAR

Chair: Dick Middleton

11.50 am Presentation of Certificates in Herbal Studies

12.00 pm **Sarah Williams**

PhD Student, De Montfort University, Leicester

**AUTHENTICATION AND ADULTERATION OF BLACK COHOSH – ANALYSIS
USING DNA TECHNIQUES**

12.45 pm *BUFFET LUNCH*

2.00 pm **Dr. Sarah Edwards**

Research Fellow, School of Pharmacy, University College London

**SUSTAINABILITY OF MEDICINAL PLANTS – IS GACP JUST ANOTHER
WORTHLESS REGULATION?**

2.45 pm **Michael McIntyre**

Chair: European Herbal and Traditional Medicine Practitioners Association

STATUTORY REGULATION OF MEDICAL HERBALISTS - UPDATE

3.15 pm Discussion and Questions

3.30 pm *TEA AND FINISH*

PLEASE BOOK BY 18 JUNE 2013

(REGISTRATION FORM OVERLEAF)



BRITISH HERBAL MEDICINE ASSOCIATION

HERBAL MEDICINE SEMINAR Thursday 27 June 2013

Registration Form

Please complete in capitals

Title: Name:

Address:

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E-mail address:

Telephone number:

PAYMENT

The fee for the seminar, including a buffet lunch, is £35.00 (including VAT)

Cheques or International drafts, in favour of British Herbal Medicine Association, should be in £ sterling drawn on a UK bank.

If paying by credit card (VISA or Mastercard only) please enter the following:

Amount: £ Signature:

Card Number: Expiry Date:

Card Security Code: [This is the three digit number printed on the signature panel]

If the name and/or address given above are different from those registered with the card provider, please enter the Cardholder's details below.

Cardholder's Name:

Cardholder's Address:

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Please send your registration form and payment to:

BHMA, PO Box 583, Exeter, EX1 9GX

or fax to: 0845 680 1136

For enquiries please e-mail: secretary@bhma.info