

BHMA HPTLC Workshop

Friday 17th November 2017

University of Westminster, 115 New Cavendish Street, London W1W 6UW

- 9.30 am **Registration**
- 10.00 am Sam Stringer - **An introduction to HPTLC and its suitability and importance in the herbal medicine and food supplement industries.**
- 10.45 am Tony Booker - **The use of HPTLC to help identify correct species of plants and detection of adulteration & case studies.**
- 11.30 am **COFFEE**
- 11.45 am Christina Gouva - **How the BP is incorporating HPTLC in the development of new monographs.**
- 12.30 pm **Lunch and Poster viewing**
- 1.30 pm **Practical demonstrations and project work (Tea 3.15-3.30 pm)**
- 4.30 pm **Summary and feedback**
- 5.00 pm **Cheese and wine social event with Poster viewing**
- 6.00 pm **End**

Fees (lunch and cheese and wine included):

BHMA company members	£150.00
Other BHMA members	£90.00
Non-BHMA members	£200.00

NB: The fee includes attendance throughout the day, however we recognise that some people may have travelled from afar and wish to leave after the workshop summary. If you are unable to attend the poster presentations at the close of the workshop, please indicate below in order that we can cater accordingly.

Please tick here if you cannot attend the Cheese and wine event

BHMA HPTLC Workshop: Friday 17th November 2017

Registration Form

Please complete in capitals

Title: Name:

Address:

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E-mail address:

Telephone number:

Workshop fee including lunch:

BHMA Company Members £150.00 (inc VAT)

Other BHMA Members £90.00 (inc VAT)

non-BHMA Members £200.00 (inc VAT)

Total payment: £.....

METHOD OF PAYMENT (please tick one box)

Cheque or International Draft, in favour of The British Herbal Medicine Association
in £ sterling drawn on a UK bank.

Bank transfer to the BHMA account at:
Lloyds TSB Bank PLC, 4 Castle Street, CHRISTCHURCH BH23 1DU, UK
Sort code: 30-92-02 Account number: 01401529
IBAN: GB61 LOYD 3092 0201 4015 29 SWIFT: LOYDGB21188

Credit card: VISA or MASTERCARD only

Cardholder's Signature.....
Card Number Expiry Date
Card Security Code..... [This is the three digit number printed on the signature panel of the credit card]

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

Cardholder's Name
Cardholder's Address
.....
.....

Please send your registration form and payment to:
BHMA, PO Box 583, Exeter, EX1 9GX or Fax: 0845 680 1136

PLEASE DO NOT EMAIL US YOUR CREDIT CARD DETAILS

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