



BRITISH HERBAL MEDICINE ASSOCIATION (LIMITED BY GUARANTEE)

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BHMA Herbal Medicine Seminar

Regulatory & Scientific Updates from Across the Herbal Sector

Thursday 7th June 2018

De Morgan House, 57-58 Russell Square, London WC1B 4HS

This Seminar follows the BHMA Annual General Meeting (AGM open to BHMA members only)

Non-BHMA members welcome to arrive for registration & coffee from 11.15 a.m.

Chair: Dr. Chris Etheridge

- 11.40 pm **Professor Adrian Slater**
De Montfort University
DNA BARCODING FOR QUALITY ASSURANCE OF HERBAL MEDICINES - TIME TO GRASP THE NETTLE
- 12.20 pm **Dr Chris Jones**
Manager – Medicines Borderline Section, Medicines and Healthcare Products Regulatory Agency
CURRENT TRENDS FROM A MHRA BORDERLINE PERSPECTIVE
- 1.00 pm **LUNCH**
- 2.15 pm **Jane Wragg**
Potters - Soho Flordis UK Limited
KEEPING INDUSTRY HERITAGE – CHALLENGES AND FUTURE THREATS
- 3.00 pm **Dr. Christopher Etheridge**
Chair, BHMA
THE HERBMARK AND AN UPDATE ON THE HPSS
- 3.30 pm **Panel Discussion**
- 4.00 pm **TEA AND FINISH**

TO REGISTER PLEASE COMPLETE YOUR DETAILS BELOW

Please complete in capitals

Title: Name:

Address:

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E-mail address:

Telephone number:

Seminar fee including lunch:

One FREE ticket for each BHMA member

Extra tickets for BHMA members, Members of EHTPA-associated professional bodies and Students

£45.00 (£37.50 plus VAT)

All others

£90.00 (£75.00 plus VAT)

Total payment: £.....

Names and email addresses of any delegates other than person detailed above:

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Any dietary allergies/special dietary requirements:

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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.

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Cardholder's Address

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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

PLEASE BOOK BY WEDNESDAY 30TH MAY