



**British Hypertension Society  
Nurses Working Party**

## **Hypertension and Cardiovascular Risk Spring Update for Nurses and Pharmacists**

Particularly Suitable for  
**Practice Nurses, Secondary Care Nurses and Pharmacists  
working in Hypertension**

**Wednesday 8 February 2012 1.00pm – 5.00pm**

**Aberdeen Royal Infirmary**

### **Key Topics**

Patient Assessment and BHS/NICE Hypertension Guidelines

Weight Management Interventions

Management of Lipids

Management of Hypertension in Pregnancy

Case Studies

Ambulatory Blood Pressure Monitoring

**Registration Fee:** £20

To register, complete the registration form attached and return it to the address given

**Information from:** Jackie Howarth: [bhs@le.ac.uk](mailto:bhs@le.ac.uk) Tel 07717 467973

# BHS Hypertension & Cardiovascular Risk Spring Update for Nurses

Aberdeen Royal Infirmary – Wednesday 8 February 2012

## MEETING INFORMATION

### VENUE

The meeting will be held at the Suttie Centre, Foresterhill, Aberdeen Royal Infirmary, Aberdeen AB25 2ZN.

### REGISTRATION

The Registration Fee is **£20, payable by cheque to British Hypertension Society or by credit/debit card.** Please complete registration form below and return with cheque or credit/debit card details to the address on the form.

**Acknowledgement** – Upon receipt of registration forms delegates will be sent confirmation of their place **by email.** Please ensure that you write your email address clearly on the registration form. Further meeting information, including full programme and directional maps will be sent to delegates two weeks before the meeting **by email.**

### CANCELLATIONS & REFUNDS

If you are no longer able to attend the meeting please advise Jackie Howarth ([bhs@le.ac.uk](mailto:bhs@le.ac.uk)) in writing as soon as possible. Registration fees will only be refunded for written cancellations received prior to or on 25 January 2012. Refunds will not be made for cancellations received after this date, but named substitutions will be allowed at any time. Please note that any refunds due will be paid after the conference has taken place.

### ACKNOWLEDGEMENTS

We are grateful to the Friends of the BHS, for supporting the Society's educational activities.

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#### LEGAL NOTICES – Disclaimer & Privacy Statement

All best endeavours will be made to present the programme as printed. However, the Conference Secretariat reserves the right to alter or cancel, without prior notice, any of the arrangements, timetables or plans relating directly or indirectly to the conference, for any cause beyond their reasonable control. The Conference Secretariat is not liable for any loss or inconvenience caused as a result of such alterations. Participants are advised to take out their own travel insurance and to extend their personal policy to cover personal possessions: the conference does not cover individuals against cancellations of bookings or theft of belongings. **In the event that the meeting is cancelled by the organisers, or cannot take place for any reason outside the control of the organisers, the registration fee shall be refunded in full. The liability of the organisers shall be limited to that refund and the organisers shall not be liable for any other loss, cost or expense, howsoever caused, incurred or arising.** The Secretariat will hold and process your personal details on our database. This information is necessary for the legitimate management of this conference, which may include it being available to any organising/sponsoring company. We may also use these details to provide you with information of other conferences or events. Please advise us should any of your details change. You may of course remove your details from our database by advising us in writing, at any time.

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*Please keep a copy of this page for your future reference before returning your Registration Form*

[www.bhsoc.org](http://www.bhsoc.org)

**BHS Hypertension and Cardiovascular Risk Spring Update for Nurses**  
Aberdeen Royal Infirmary, Wednesday 8 February 2012

**REGISTRATION FORM**

Last Name: ..... First Name: .....

Prof/Dr/Mrs/Miss/Ms etc: .....  Male  Female Specialty: .....

Job Title: .....

Work Address: .....

..... Post Code: .....

\*E-mail: ..... Mobile or Business Phone: .....

**\*Email address is essential for us to send you confirmation and further details. Contact phone no. also important.**

BHS Member: Yes  No

**Special Requirements** (please tick relevant box)

Access needs, please specify e.g. wheelchair user, mobility difficulties, hearing impaired.....

**Payment Details: Registration fee £20** (includes refreshments, conference materials & VAT)

**By Cheque/Bank Draft** Payable to 'British Hypertension Society' and drawn on a UK bank.

**By Credit/Debit Card:**  Mastercard  Visa  American Express  Visa Delta  Maestro

Card No ..... Expiry Date .....

Card Security Code (last 3 digits on back of card) ..... Maestro Valid From date or Issue No .....

**NB** Credit card payments are subject to an additional charge (Mastercard, Visa & Amex: 2.95%)

Cardholder's signature .....

Name, billing address and postcode of cardholder .....

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**By returning your completed registration form you are agreeing to your e-mail address being used by the Secretariat, and to the other terms & conditions of the conference, including cancellation policies for registration fees. Please see 'Meeting Information'.**

✉ **Please return with cheque or card details to:**

Jackie Howarth  
British Hypertension Society  
C/o Hypertension Research Team  
Clinical Sciences Wing  
Glenfield Hospital  
Groby Road  
Leicester, LE3 9QP

Email: [bhs@le.ac.uk](mailto:bhs@le.ac.uk) Tel: 07717 467973

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