How to do it

Organise an international medical meeting

IV: Registration: the mechanics

IAN CAPPERAULD, A I S MACPHERSON

British Medical Journal, 1978, 2, 742-744

The first completed application forms and registration fees will start to arrive at nine months from the opening date. Do not be disappointed by a slow start. The secretariat must count the heads, collect the fees, and keep the following basic records, all of which stem from the information requested in the documentation sent out with the preliminary programme. It is essential that fees be collected by the local secretariat: do not be tempted by an overseas treasurer to do otherwise.

Basic records in the office

Each individual application to attend the conference is registered in a log book which is written up daily.

Sample page

Reg No	Name	Country	Membership			Fees paid
			Full	Associate	Family	r ces paiu

The log book gives a day-to-day record of the number of delegates attending in any of the various categories. It also gives the name of the delegate and his registration number. This registration number is recorded on the registration form, the accommodation form, the social events application form, and on the acknowledgment card, which are all sent to the delegate.

REGISTRATION CARD

The registration form is awkward to handle compared with a card (see fig 1) and for this and other reasons the information it carries is immediately transferred to a record card, which is kept in a firm transparent plastic envelope and filed alphabetically according to country. On the reverse of the card the participant should state the title of his talk together with the time,

Ethicon Limited, Sighthill, Edinburgh IAN CAPPERAULD, FRCSED, research director

The Royal Infirmary, Edinburgh A I S MACPHERSON, FRCSED, FRSE, consultant surgeon date, and place of the meeting. The original registration form now becomes redundant, although we suggest that you do not throw it out.

Title	· · · ·
	••
•••••	
el/residence	
of beds:	
ving:	
arting:	
	rence address n el/residence of beds : ving : arting :

FIG 1—Specimen registration card (actual size 30 cm \times 13 cm).

SOCIAL EVENTS APPLICATION FORMS

Social events applications are also noted in a simple log book. A loose-leaf folder with a section for each event is best. Once again, a day-by-day note is kept of the numbers applying for each event. Once logged, the social events application, along with the requisite tickets (printed in advance), are filed in the same plastic envelope as the delegate's record card.

ACCOMMODATION FORMS

The delegate's registration number is written on to the top right-hand corner of his accommodation form (see last week's article), which is then sent directly to the conference travel agent once the details of the accommodation requested have been noted on the appropriate record card. In due course, the travel agent will tell the secretariat where each delegate is staying, and this information will also be noted on the record card.

Let the travel agent bill each delegate direct for his accommodation. Delegates do not always apply in time to get the accommodation of their first choice, and a single account from your agent absolves you from making refunds.

WHY NOT HAVE ACCOMMODATION FORMS SENT DIRECT TO THE TRAVEL AGENT?

Largely because you must insert the registration number; also because it is easier for the delegate to post one preprinted envelope to you containing all his particulars; and, lastly, because it enables you to keep your records complete and fully up to date.

WHY USE REGISTRATION NUMBERS?

Largely to ease communication between yourself and your travel agent over identifying delegates. Complications may arise over foreign names, and you may have delegates with the same or similar names. Tickets and accommodation must be allotted strictly on a first-come, first-served basis, and numbers are a simple guide to precedence.

ACKNOWLEDGMENT CARD

Once an application to attend has been logged and placed on a record card *and you have received all fees due*, then an acknowledgment card is sent to the delegate. The delegate must bring this with him as his congress registration card, against which he may complete his registration on site by claiming his congress briefcase. Please note that it is just as important to confirm to a delegate that he has not requested accommodation as it is to confirm that he has.

of your forms of	g secretary has p application and	pleasure in ackno registration fee ar to be reserved in	nd notes that you
Name	Initials	Country	Reg No
n City X.	nis card at the re	gistration bureau	when you arriv

FIG 2-Specimen registration/acknowledgment card (postcard size).

The registration area itself should now be considered and also those expressions of your administrative effort, the conference briefcase and final programme. This section will be completed by a brief summary of the procedures outlined.

BRIEFCASES

Stage one with briefcases is to obtain them and, with this in mind, you may safely start looking for a sponsor at 24 months. Briefcases should be robust and will contain the following: final programme; book of scientific abstracts (unless these are to be sold separately); map and general information on city/ country; bus map and timetable; advertising material from sponsoring drug companies; and list of participants.

SOCIAL EVENTS TICKETS

Remember that tickets for the various social events have over the months been filed along with the individual record cards in plastic envelopes, all stored in alphabetical order, according to country. Ten days before the conference you must produce a list of those attending. Obviously, its preparation should be delayed as long as possible, but ten days from the start should be your absolute limit.

Now is the time to take all the social events tickets and transfer them into envelopes, on which is then written the delegate's name, registration number, and country. These envelopes are kept aside in alphabetical order according to country at the appropriate registration desk, so that on presentation by the delegate of his card acknowledging his registration and fee (congress registration card) two things are handed to him. Firstly, the envelope containing his tickets for social events where applicable, plus a stick-on name badge, already completed (which he affixes to his briefcase), and a pin-on identification badge. Secondly, a briefcase containing all the information needed for all full and associate members.

For the staff, therefore, registration is a question of being handed a card, of going through a file of envelopes, and of reaching for a briefcase from a pile of identically filled cases. It should take less than one minute for a delegate to register and be less complicated than buying a railway ticket.

PROOF OF REGISTRATION

The delegate's congress registration card is retained by the secretariat and filed along with his record card as proof of registration. This is not as futile as it may seem: delegates frequently wish to check if their friends and colleagues have arrived.

Registration during the congress

For many conferences, the registration area has to be improvised, and is normally constructed from a lecture theatre. A typical size for this would be about $60 \text{ m} \times 25 \text{ m}$. There should be space along one side of the registration area for five registration booths, each the length of two average-sized tables. Between these booths you could allocate, say, 56 countries, grouping them loosely according to language and taking care to share the volume of traffic more or less equally. The following are the five registration groups we have found most useful:

(1) Argentina, Brazil, Cuba, Guatemala, Mexico, Portugal, Spain, Uruguay, Venezuela.

(2) Belgium, Egypt, France, Iran, Iraq, Italy, Lebanon, Morocco, Saudi-Arabia, Tunisia.

(3) Austria, Denmark, DDR, FDR, Finland, Hungary, Netherlands, Norway, Surinam, Sweden, Switzerland.

(4) Australia, Canada, Eire, Ghana, Hong Kong, India, Malaysia, Malta, New Zealand, Nigeria, Rhodesia, South Africa, Togo, USA.

(5) Bulgaria, China, Czechoslovakia, Greece, Israel, Iceland, Japan, Poland, Romania, Turkey, United Kingdom, USSR, Yugoslavia.

Also within the registration area must be the conference bank, post office, travel bureau, information desk, refreshments, and seats and tables for use by delegates. Lastly, the secretariat complete with extra typing staff for the occasion, Xeroxcopying facilities, and all files and records moved specially from your permanent office.

It is vital that no delays occur at registration. Delegates

arrive tired and wish to sign on with minimum fuss. To avoid queues at the registration booths, all queries should be referred to the secretariat. Any delegate who is unable to produce a congress registration card should be escorted personally to the secretariat, where the problem should be resolved. The common cause of a problem is usually a lost card (in which case a duplicate may be issued), or perhaps registration fees have been paid late, in which case no card would have been issued. It is not unusual for delegates from Eastern Europe to prefer to pay on arrival.

Queries may also arise over tickets for the various social events and here you reap the benefit of being able to produce, from the

Hospital Topics

same plastic envelope as the record card, the delegate's original ticket application form.

A cashier is essential in the registration area to handle registrations, including day registrations and ticket payments. \Box Life is much simpler if only *one* person handles cash and if they have proper facilities.

Throughout the conference, and especially during peak registration times, members of the local organising committee should be constantly on hand to deal with contingencies and also to introduce themselves to any delegate who looks lost. The impression this gives, and justifiably so, of looking after your delegates, greatly helps the success of the entire project.

Isolating patients in hospital to control infection*

Part III—Design and construction of isolation accommodation

K D BAGSHAWE, R BLOWERS, O M LIDWELL

British Medical Journal, 1978, 2, 744-748

Good isolation practice is easier in a well-designed building. Easy, direct, and short-distance access to patients, supplies, and facilities lightens the nursing load, thereby giving more time for the proper observance of isolation procedures. There is, however, a potential conflict between the advantages of compact planning and the increased possibilities that this affords for transfer of micro-organisms between patients, by contact and airborne routes. Segregation of patients from each other and separation of clean from potentially contaminated materials is of first importance in creating an effective isolation complex. Reconciling these factors in a practical way is the problem of isolation-unit designs.

Remoteness

It is common experience that infection with particular strains of micro-organisms may be widespread in one ward of a hospital but spread only slowly, if at all, to other ward units. Several factors might be implicated. There will be different nursing and probably domestic staff for each ward, although auxiliary and, *This paper was prepared with the help of the Hospital Infection Committee of the Medical Research Council but it represents the views only of the authors.

Department of Medical Oncology, Charing Cross Hospital, London W6 8RF

K D BAGSHAWE, MD, FRCP, professor of medical oncology

Division of Hospital Infection, Clinical Research Centre and Northwick Park Hospital, Harrow, Middlesex HA1 3UJ R BLOWERS, MD, FRCPATH, head of division

Cross-infection Reference Laboratory, Central Public Health Laboratory, Colindale, London NW9 5HT

O M LIDWELL, DPHIL, deputy director

to some extent, medical staff may be in common. The wards are usually physically separated from each other by stair-wells and corridors or may be in separate buildings; this will reduce considerably the possibilities of airborne transfer. There will also be a time interval for any contact transfer between the separate units, and during this time micro-organisms might die or be lost from clothing.

These factors that reduce the transfer of microbes between ordinary wards are still more relevant for an isolation unit that is physically separate from the rest of the hospital. For example, hand-washing and clothing changes are more likely to be performed; regulations for restricted access are more likely to be observed. The use of "tacky" mats at the entrance is probably of little bacteriological importance but will improve the general cleanliness within the unit, which may encourage high standards in other respects.

The open ward

If a patient is to be isolated in an open ward the isolation area should be defined as generously as possible and demarcated by ²⁴ washable screens. Selection of the area should take account of ward traffic, location of wash-bowls and toilets, etc. Tables or trolleys for supplies from the central sterile supplies department (CSSD) should be available and a generous supply of bags provided for disposing of contaminated articles. Good lighting is necessary. Clear notices with instructions to exclude cleaners, etc, are important.

VENTILATION OF OPEN WARDS

Good ventilation is a traditional requirement. It does not seem likely, however, that mechanical ventilation of large wards can have any substantial value in controlling hospital crossinfection; the possible reduction of airborne contamination by this means is slight. It is possible to design the ventilation of a