

Registration form

Royal College of Psychiatrists Faculty of Addictions Annual Meeting

29th - 30th April 2010, Bristol Hotel, Bristol



MEMBERSHIP NUMBER OR DATE OF BIRTH _____

TITLE _____ FIRST NAME _____ SURNAME _____

PLACE OF WORK _____

MAILING ADDRESS _____

TOWN _____ POST CODE _____ COUNTRY _____

EMAIL _____

TEL (DAYTIME) _____ FAX _____

VEGETARIAN YES/NO SPECIAL DIETS _____

SPECIAL REQUIREMENTS _____

INDICATE APPROPRIATE CATEGORY (tick one box only)

PMPT SpR CONSULTANT RETIRED MEMBER OTHER _____

REGISTRATION FEES

(please note that these fees do not include accommodation)

	Standard (Member)		PMPT/retired/Trainee*		Non Member	
Whole conference	£320	<input type="checkbox"/>	£160	<input type="checkbox"/>	£340	<input type="checkbox"/>
Thursday	£160	<input type="checkbox"/>	£80	<input type="checkbox"/>	£170	<input type="checkbox"/>
Friday	£160	<input type="checkbox"/>	£80	<input type="checkbox"/>	£170	<input type="checkbox"/>
Conference dinner	£45	<input type="checkbox"/>	£45	<input type="checkbox"/>	£45	<input type="checkbox"/>

Total: £

£

* The PMPT/retired rate is also available to delegates on the concessionary subscription rate of 50%

Please complete and return your registration form with your payment to:

**The Conference Office, Royal College of Psychiatrists
17 Belgrave Square, London, SW1X 8PG
TEL: +44 (0) 20 7235 2351 x 6145; FAX: +44 (0) 20 7235 7976**

PARALLEL SESSION ATTENDANCE

Please indicate which session you wish to attend, ranking your choices in order of preference. Spaces are limited and will be allocated on a first come first served basis.

Thursday Parallel sessions (11.30-13.00)

	1 st Choice	2 nd Choice	3 rd Choice
I Recent research that rocked my world and changed my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II How good is my service? Data quality, what do we know?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III Thinking beyond just methadone and buprenorphine: Wider options for opiate maintenance treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thursday Parallel sessions (14.45-16.15)

	1 st Choice	2 nd Choice	3 rd Choice
I SCAN Masterclasses" SCAN Members only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II Public Health Approaches to Effective Delivery: A commissioner's perspective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III Evidence & Guidance on Benzos & Z drugs: Is there a path through the Jungle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Friday Parallel sessions (11.00-12.30)

I Specialist practice: on the edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II Fact, Inference and Opinion; the psychiatric expert witness in family law proceedings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III Addiction Psychiatry in Recovery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Friday Parallel sessions (14.00-15.30)

I The Physical Dimension: an interactive session to enhance diagnostic skills and knowledge of physical health problems in our client group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II Lighten up your working life - an introduction to coaching for psychiatrists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III Providing the key to the chemical handcuffs: organising clinicians to promote behaviour change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT METHOD

o I ENCLOSE A CHEQUE FOR £_____ (Cheques payable to 'The Royal College of Psychiatrists' quoting reference **Addictions 2010** and name of delegate if sent by Trust)

o PLEASE DEBIT MY visa / delta / mastercard / switch / maestro £_____

Card number _____

Cardholder's name
(as it appears on card) _____

CVC 3 digit security code
& Expiry date _____ Start date or Issue number _____

Signature _____

Places can only be reserved when payment is received with this form.
If an authority is to pay, the delegate should either pay and then claim reimbursement from the authority or
enclose payment from their authority.

THE COLLEGE IS UNABLE TO INVOICE FOR REGISTRATION FEES.



The College's Data Protection Act 1998 Statement appears in full on the College website at
<http://www.rcpsych.ac.uk/dataprotection>

CANCELLATION CHARGES

(notice must be given in writing)

100% refund if written cancellation is received by 25th March 2010

80% refund if written cancellation is received by 31st March 2010

50% refund if written cancellation is received by 16th April 2010

No refund for cancellations received after 23rd April 2010