

# Registration form



## Royal College of Psychiatrists Faculty of General & Community Psychiatry Annual Conference

14<sup>th</sup> - 15<sup>th</sup> October 2010

Millennium Gloucester Hotel & Conference Centre, London

### PLEASE PRINT ALL DETAILS CLEARLY

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  ST1-3  ST4-6  SpR  SHO  CONSULTANT  RETIRED  MEMBER  OTHER  \_\_\_\_\_

### Registration fees

Please note that registration fees do not include accommodation

	<b>EARLY BIRD FEE*</b> Standard Rate**** (By 6 <sup>th</sup> October)	<b>EARLY BIRD FEE*</b> SpR/SHO/PMPT/ CT/ST1-6 Members/ Retired Reduced Rate*** (By 6 <sup>th</sup> October)	<b>LATE FEE**</b> Standard Rate**** (After 6 <sup>th</sup> October)	<b>LATE FEE**</b> SpR/SHO/PMPT/ CT/ST1-6 Members/Retired Reduced Rate*** (After 6 <sup>th</sup> October)
<b>Whole conference</b>	£370 <input type="checkbox"/>	£185 <input type="checkbox"/>	£420 <input type="checkbox"/>	£210 <input type="checkbox"/>
<b>Thursday</b>	£185 <input type="checkbox"/>	£95 <input type="checkbox"/>	£210 <input type="checkbox"/>	£105 <input type="checkbox"/>
<b>Friday</b>	£185 <input type="checkbox"/>	£95 <input type="checkbox"/>	£210 <input type="checkbox"/>	£105 <input type="checkbox"/>

Total: £

\* This rate applies only to registrations submitted with payment and received by the Conference Office **by 6<sup>th</sup> October**.

\*\* This rate applies to registrations submitted with payment and received by the Conference Office **after 6<sup>th</sup> October**.

\*\*\* The reduced fee is available to RCPsych Retired members and the first 100 bookings from SpRs, ST/CT1-6 members, SHO, PMPT and delegates on the concessionary subscription rate of 50%.

\*\*\*\*The Standard Rate applies to Consultants/Locum Consultants and Non RCPsych members.

All registration confirmation letters will be sent via email. If you are unsure if your registration form has been received by us contact [dqoka@rcpsych.ac.uk](mailto:dqoka@rcpsych.ac.uk).

## Parallel workshop/session attendance

Please indicate which parallel sessions and workshops 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.

### 3 PARALLEL SESSIONS: THURSDAY 11.40-13.10

	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice
1. Clinical service interfaces with general adult psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. New horizons scanning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Early intervention network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3 PARALLEL SESSIONS: THURSDAY 14.30-16.00

	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice
4. Updates for antipsychotics and schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Population mental health and wellness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Crisis resolution and home treatment network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 5 PARALLEL MASTERCLASSES: THURSDAY 16.40-17.40

	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice
1. Neurological assessment: a video diary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Risk assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. What shall I do with my NHS pension?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Borderline personality disorder: management and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Prescribing for bipolar disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3 PARALLEL SESSIONS: FRIDAY 11.20-12.50

	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice
7. Updates on recent clinical prescribing guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Controversies in service redesign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Community diversion and prison psychiatry network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3 PARALLEL SESSIONS: FRIDAY 14.10-15.40

	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice
10. Inpatient psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Occupational health and general adult psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Primary care liaison network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5 PARALLEL MASTERCLASSES: FRIDAY 16.20-17.20**

	<b>1<sup>st</sup> Choice</b>	<b>2<sup>nd</sup> Choice</b>	<b>3<sup>rd</sup> Choice</b>
<b>1. How should psychiatrists manage cardiometabolic risk factors?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Risk assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Obsessive compulsive disorder and Body Dysmorphic Disorder: management and treatment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Borderline personality disorder: management and treatment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Dementia: diagnosis for general adult psychiatrists</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Conference payment information**

- I ENCLOSE A CHEQUE FOR £ \_\_\_\_\_ (Cheques payable to 'The Royal College of Psychiatrists quoting reference 'G&C 2010' on reverse and name of delegate if sent by Trust)
- PLEASE DEBIT MY visa / delta / mastercard / visa electron / switch / maestro £ \_\_\_\_\_ (please note we do not accept American Express or Laser Cards)

Card number \_\_\_\_\_


Card Holder's name \_\_\_\_\_  
(as it appears on card)

Expiry date \_\_\_\_\_ CCV Security code \_\_\_\_\_ Start date/Issue number \_\_\_\_\_  
(3 digit number)

Signature \_\_\_\_\_

**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 ext. 6145, FAX: +44 (0) 20 7235 7976, E: dgoka@rcpsych.ac.uk**

**For security reasons this payment section of your form will be destroyed once payment is processed.**

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

**Conference booking information**

Please note that we are not able to invoice for registration fees. A place can only be reserved once the fee has been received. It is preferable for delegates to pay for themselves and then claim reimbursement from their employers.

**Cancellations**

Cancellation of registration should be made in writing to the **Royal College Conference Office**. Refunds will be made according to the date the written cancellation was received as follows:

<b>Date</b>	<b>Refund</b>
Before 16 <sup>th</sup> August	100%
After 16 <sup>th</sup> August - 16 <sup>th</sup> September	80%
16 <sup>th</sup> September - 1 <sup>st</sup> October	50%
After 1 <sup>st</sup> October	None