

REGISTRATION FORM

Joint Meeting of the Faculty of Learning Disability &
Section of Neuropsychiatry

Friday, 16th April 2010
RIBA, London



PERSONAL INFORMATION

(PLEASE PRINT CLEARLY THIS INFORMATION WILL BE USED TO PRINT YOUR DELEGATE BADGE)

MEMBERSHIP NUMBER _____ DATE OF BIRTH _____

TITLE _____ FIRST NAME _____ SURNAME _____

PLACE OF WORK & AREA _____

MAILING ADDRESS _____

TOWN _____ POST CODE _____ COUNTRY _____

EMAIL _____

TEL (DAYTIME) _____

VEGETARIAN YES / NO SPECIAL DIETS (PLEASE LIST) _____

SPECIAL REQUIREMENTS _____

INDICATE APPROPRIATE CATEGORY (TICK ONE BOX ONLY)

PMPT CT/ST1-CT/ST3 ST4-ST6 SpR SHO ASSOCIATE SPECIALIST/STAFF GRADE

CONSULTANT RETIRED MEMBER OTHER _____

REGISTRATION FEES

(Please note that these fees include catering during scheduled programme breaks)

FEES	STANDARD*	SUBSIDISED **	INVITED SPEAKER/CHAIR***
	£142 <input type="checkbox"/>	£71 <input type="checkbox"/>	FEE WAIVED <input type="checkbox"/>

TOTAL: £

* Standard rate applies to RCPsych members/Affiliates at the following grades; Consultants/Locum Consultants Associate Specialist, Staff Grade, SpR, ST/CT1-3, ST4-6 & SHO

** Subsidised rate only applies to (RCPsych Pre-membership Psychiatric Trainees/Trainee Registration) and is also available to RCPsych members registered with membership on the Retired or Reduced subscription rate of 50% or less.

***This only applies to participants invited by the programme organiser.

PARALLEL WORKSHOP ATTENDANCE

Please indicate which workshops you wish to attend, ranking your choices in order of preference (1-3). Spaces are limited and will be allocated on a first come first served basis. Workshops are scheduled to run from **14.00 – 15.00**.

	1 ST CHOICE	2 ND CHOICE	3 RD CHOICE
1 Epilepsy care pathway – local implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 CBT in neurodevelopmental disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Essential neuropsychiatry skills in Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Family carers workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Service users workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT METHODS

I ENCLOSE A CHEQUE/POSTAL ORDER FOR £_____ (made payable to 'The Royal College of Psychiatrists' quoting reference '73-40-30-7300' on reverse and name of delegate if sent by Trust)

PLEASE DEBIT MY visa / delta / MasterCard / switch / maestro £_____ (Please note we do not accept American Express, Solo or Laser Cards)

*Card number _____

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

*Expiry date _____ Start date / Issue number _____

*Security Code (last 3 digits on back of card) _____

*Signature _____

*Please complete all sections marked with an asterix



DATA PROTECTION STATEMENT

The College's Data Protection Statement can be viewed at <http://www.rcpsych.ac.uk/dataprotection>

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.

CANCELLATION POLICY

(Notice must be given in writing by postal mail or e-mail dgoka@rcpsych.ac.uk)

100% refund if written cancellation is received by 16th February 2010

80% refund if written cancellation is received by 16th March 2010

50% refund if written cancellation is received by 2nd April 2010

No refund for cancellations received after 2nd April 2010

Please complete and return your registration form with your remittance to:
Royal College of Psychiatrists, Conference Office, 17 Belgrave Square, London, SW1X 8PG

☎: 020 7235 2351 Ext. 6145, 📠 020 7235 7976