

Registration form

Royal College of Psychiatrists Section of Neuropsychiatry Annual Conference

10th September 2010
Royal Institute of British Architects, London



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

CONSULTANT RETIRED MEMBER OTHER _____

FEES

STANDARD*

SUBSIDISED **

INVITED SPEAKER/CHAIR***

£95

£55

FEE WAIVED

TOTAL: £

(please note that fees does not include accommodation)

* 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.

Payment Page P.T.O



PAYMENT METHODS

o I ENCLOSE A CHEQUE FOR £_____ (Cheques payable to 'The Royal College of Psychiatrists' quoting reference 'NEURO 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) _____


Expiry date _____ Start date or Issue number _____

CVC 3 digit security code _____

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 by postal mail or e-mail to dgoka@rcpsych.ac.uk)

100% refund if written cancellation is received by 10th August 2010

80% refund if written cancellation is received by 17th August 2010

50% refund if written cancellation is received by 26th August 2010

No refund for cancellations received after 26th August 2010

The deadline date will be judged by the application of a College "date received" stamp on a letter and not by the post mark on an envelope

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**