

Registration Form

Royal College of Psychiatrists
Eating Disorders Section Annual Meeting

'Obesity and Eating Disorders: Why do Eating Disorder services give the obese a bypass?'



Friday, 5th November 2010
International Coffee Organization Conference Centre, London

Personal Information

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

MEMBERSHIP NUMBER (IF APPLICABLE) _____ DATE OF BIRTH _____

TITLE Ω _____ FIRST NAME Ω _____ SURNAME Ω _____

PLACE OF WORK & LOCATION Ω _____

MAILING ADDRESS _____

TOWN _____ POST CODE _____ COUNTRY _____

EMAIL _____

TEL (DAYTIME) _____

VEGETARIAN YES / NO SPECIAL DIETS (PLEASE LIST) _____

SPECIAL NEEDS _____

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 but **not accommodation**)

If you are unsure of which rate applies to you, please check the below guide before completing

FEES	STANDARD*	HIGHER TRAINEES **	CORE TRAINEES ***
	£132 <input type="checkbox"/>	£99 <input type="checkbox"/>	£66 <input type="checkbox"/>
	TOTAL: £ <input type="text"/>		

* **Standard** rate at **£132** applies to RCPsych members/associates at the following grades; Consultants/Locum Consultants, Associate Specialists, Staff Grades, Specialty Doctors and Non RCPsych members of any grade.

** **Higher Trainees** rate at **£99** applies to the following grades; Higher Specialist Trainee (SpR), Advanced Trainee (ST4-6) (registered as a RCPsych member/associate)

*** **Core Trainees** rate at **£66** applies to trainees registered as Pre-Membership Psychiatric Trainees with the College and are on a CT1-3, ST1-3, LAT or FTSTA Psychiatry rotation or Student Associates (Foundation Years)

Payment Methods



I ENCLOSE A CHEQUE/POSTAL ORDER FOR £_____ (made payable to 'The Royal College of Psychiatrists' quoting reference '74-20-10-00-7300' 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, Solo or Laser Cards)

CARD NUMBER _____

CARDHOLDER'S NAME
(As it appears on card) _____

EXPIRY DATE _____

START DATE/ISSUE NUMBER _____

CCV Security code
(last 3 digits/ on reverse
of card) _____

SIGNATURE _____



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/trust is to pay, the delegate should either pay and then claim reimbursement from the authority/trust or enclose payment from their authority/trust.

THE COLLEGE IS UNABLE TO RAISE INVOICES FOR REGISTRATION FEES.

Cancellation Policy

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

100% refund if written cancellation is received by 27th August 2010

80% refund if written cancellation is received by 27th August 2010

50% refund if written cancellation is received by 8th October 2010

No refund for cancellations received after 8th October 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. 6129, ☎ 020 7235 7976**