

# REGISTRATION FORM

## Royal College of Psychiatrists Faculty of Old Age Psychiatry Annual Residential Meeting



25<sup>th</sup> – 26<sup>th</sup> March 2010  
Oulton Hall, Leeds

### 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**)

	Standard*	SpR, SAS, ST4-6	PMPT, SHO, CT/ST1-3**	Retired member†	Invited Speaker††
Whole Conference	£290 <input type="checkbox"/>	£220 <input type="checkbox"/>	£145 <input type="checkbox"/>	£0 <input type="checkbox"/>	£0 <input type="checkbox"/>
Thursday	£145 <input type="checkbox"/>	£110 <input type="checkbox"/>	£75 <input type="checkbox"/>	£0 <input type="checkbox"/>	£0 <input type="checkbox"/>
Friday	£145 <input type="checkbox"/>	£110 <input type="checkbox"/>	£75 <input type="checkbox"/>	£0 <input type="checkbox"/>	£0 <input type="checkbox"/>

**Add optional conference dinner: £50**

**Total: £**

\* Standard rate applies to Consultants/Locum Consultants and Non RCPsych members  
 \*\* PMPT is 'Pre-membership Psychiatric Trainee' registered with RCPsych  
 † Rate applies to retired RCPsych members who pay the reduced subscription rate  
 †† Speakers are entitled to free registration on the day they speak only

## PARALLEL WORKSHOP ATTENDANCE

Please indicate which parallel 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.

Parallel workshops (14.00-15.30)	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice
1 <b>Mental Capacity Act and Deprivation of Liberty</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <b>Dealing SUI/complaints</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <b>Working with commissioners</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <b>Managing of dementia in care homes and BPSD</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 <b>End of life issues in dementia</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 <b>Old age liaison psychiatry services; what is different now?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### DATA PROTECTION STATEMENT

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

### CANCELLATION POLICY

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

100% refund if written cancellation is received by 24<sup>th</sup> January 2010

80% refund if written cancellation is received by 24<sup>th</sup> February 2010

50% refund if written cancellation is received by 10<sup>th</sup> March 2010

No refund for cancellations received after 10<sup>th</sup> March 2010

### PAYMENT METHODS

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.**

I ENCLOSE A CHEQUE/POSTAL ORDER FOR £\_\_\_\_\_ (made payable to 'The Royal College of Psychiatrists' quoting reference '73-25-10-00-7300' 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 \_\_\_\_\_

**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**