

Registration Form Royal College of Psychiatrists Faculty of Learning Disability Annual Residential Conference

7-8 October 2010
Oulton Hall, Leeds



(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) _____

VEGETARIAN YES/NO SPECIAL DIETS _____

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 do not include accommodation)

	Standard*		Trainees**		Subsidised***	
Whole conference	£290	<input type="checkbox"/>	£245	<input type="checkbox"/>	£145	<input type="checkbox"/>
Thursday	£145	<input type="checkbox"/>	£125	<input type="checkbox"/>	£75	<input type="checkbox"/>
Friday	£145	<input type="checkbox"/>	£125	<input type="checkbox"/>	£75	<input type="checkbox"/>
Conference dinner	£45	<input type="checkbox"/>	£45	<input type="checkbox"/>	£45	<input type="checkbox"/>

Total: £

* Standard rate applies to Consultants/Locum Consultants and Non RCPsych members

** Trainees rate applies only to RCPsych members/Affiliates at the following grades Associate Specialist, Staff Grade, SpR, ST/CT1-3, ST4-6 & SHO.

*** Subsidised rate applies to Pre-membership Psychiatric Trainees and RCPsych members registered with membership on the Retired or Reduced subscription rate of 50%.

CONCURRENT SESSION ATTENDANCE

Please indicate which **concurrent sessions** you wish to attend, ranking your three choices in order of preference. Spaces are limited and will be allocated on a first come first served basis.

Thursday, 11.30-12.30		1st Choice	2nd Choice	3rd Choice
1	Learning and developmental disabilities within the classificatory systems- ICD 11, DSM V, DM-ID and DC-LD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Neuropsychiatric consequences of traumatic brain injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Medical leadership and learning disability services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Selected papers from submitted abstracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thursday, 16.00-17.00		1st Choice	2nd Choice	3rd Choice
5	Introduction to the use of HCR-20 in learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	How to write a paper for publication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Assessment in postgraduate training-new developments 2010	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Assessment and treatment of ADHD in adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Friday, 14.15-15.15		1st Choice	2nd Choice	3rd Choice
9	Structured instruments for diagnostic assessment of autistic spectrum disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Improving services for people with learning disability from minority ethnic communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	How to use Books Beyond Words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Selected papers from submitted abstracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT METHOD

I ENCLOSE A CHEQUE FOR £_____ (Cheques payable to 'The Royal College of Psychiatrists quoting reference '73 40 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 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 _____



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 CHARGES (notice must be given in writing)

100% refund if written cancellation is received by 7th August 2010
80% refund if written cancellation is received by 7th September 2010
50% refund if written cancellation is received by 23rd September 2010
No refund for cancellations received after 23rd September 2010

Please complete and return your registration form with your remittance to:

The Conference Office, Royal College of Psychiatrists, 17 Belgrave Square, London, SW1X 8PG

☎: 020 7235 2351 Ext. 129, 📠 020 7235 7976, E: conference@rcpsych.ac.uk