

**The Royal College of Psychiatrists**  
West Midlands Division  
Spring Divisional Meeting  
14<sup>th</sup> May 2010  
The Village Hotel, Dudley



Membership Number:		Title:	
First Name:		Surname:	
Place of Work:			
Mailing Address:			
Tel (daytime):			
Email:			
Vegetarian:	Yes	No	

**DATA PROTECTION STATEMENT**

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



## PAYMENT METHOD

I ENCLOSE A CHEQUE FOR £70.00 (DELEGATE FEE)

I ENCLOSE A CHEQUE FOR £50.00 (TRAINEE/RETIRED RATE)

(Cheque payable to 'The Royal College of Psychiatrists' quoting name of delegate if sent by Trust)

PLEASE DEBIT MY visa/delta/mastercard/visa electron/switch/solo £\_\_\_\_\_

CARD NUMBER \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

ADDRESS CARD IS REGISTERED AT (IF DIFFERENT TO THAT OVERLEAF)

\_\_\_\_\_  
\_\_\_\_\_

ISSUE NO. OR START DATE (switch/solo) \_\_\_\_\_

SECURITY CODE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**PLACES CAN ONLY BE RESERVED WHEN REMITTANCE 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)  
NO REFUND FOR CANCELLATIONS RECEIVED AFTER 29<sup>TH</sup> APRIL 2010**

Please complete and return your registration form and payment by the 29<sup>th</sup> April 2010 to:

**Nicola Davies  
West Midlands & Trent Divisions Manager  
Halifax House  
14-15 Frederick Road  
Edgbaston  
Birmingham  
B15 1JD**

**☎: 0121 410 2655 ☒ 0121 410 2656**

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