

The Royal College of Psychiatrists
West Midlands Division
Spring Divisional Meeting
11th May 2012
The Village Hotel, Dudley



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

Please complete and return your registration form with your payment by Friday, 27 April 2012 to:

Nicola Davies
West Midlands & Trent Divisions Manager
Vancouver House
111 Hagley Road
Edgbaston
Birmingham, B16 8LB

☎: 0121 452 5120 ☎ 0121 452 5121

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 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 POLICY:

80% refund if written cancellation is received at least 4 weeks prior to the event

50% refund if written cancellation is received 2 weeks prior to the event

No refund will be given to cancellations received within 2 weeks of the event

Should you be unable to attend, a substitute delegate may attend in your place.

PAYMENT METHOD (tick as appropriate)

I ENCLOSE A CHEQUE FOR £70.00 (DELEGATE FEE)

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

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

PLEASE DEBIT MY visa/delta/mastercard/switch/maestro £70.00 (DELEGATE FEE)

PLEASE DEBIT MY visa/delta/mastercard/switch/maestro £50.00 (TRAINEE/RETIRED)

(Your payment will be processed securely using Netbanx and your card details will not be retained after successful processing)

Please note that you can now book online at

<http://www.rcpsych.ac.uk/members/divisions/westmidlands.aspx#meetings>

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CARD NUMBER _____ EXPIRY DATE _____

CARDHOLDER'S NAME _____

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

ISSUE NO. OR START DATE (switch) _____

SECURITY CODE _____ SIGNATURE _____

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