**10th National Memory Services Forum 2019**

Friday 18th October 2019

Speaker Booking Form

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| **Registration – speaker 1** | |
|  | |
| Title: | |
| Name: | |
| Job title/role: | |
| Memory Service/Organisation: | |
| NHS Trust (if applicable): | |
| Email address: | |
| Telephone number: | |
| Address: |  |
| Dietary/Access requirements: | |
| Speaker bio (no more than 250 words): | |

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| **Registration – speaker 2 (if applicable)** | |
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| Title: | |
| Name: | |
| Job title/role: | |
| Memory Service/Organisation: | |
| NHS Trust (if applicable): | |
| Email address: | |
| Telephone number: | |
| Address: |  |
| Dietary/Access requirements: | |
| Speaker bio (no more than 250 words): | |

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| **Registration – speaker 3 (if applicable)** | |
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| Title: | |
| Name: | |
| Job title/role: | |
| Memory Service/Organisation: | |
| NHS Trust (if applicable): | |
| Email address: | |
| Telephone number: | |
| Address: |  |
| Dietary/Access requirements: | |
| Speaker bio (no more than 250 words): | |

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| **Presentation details** |
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| Title: |
| Would you like your abstract to be considered for:  Oral presentation Poster presentation Either |
| Summary/abstract (no more than 300 words): |
| Special equipment required (laptop, projector, microphone and speakers will be provided): |
| Do you give permission for your slides to be added to the MSNAP website after the event?  Yes No |

Please return form by email to [**claudelleabhayaratne@rcpsych.ac.uk**](mailto:leanne.clary@rcpsych.ac.uk) or post to **MSNAP, 21 Prescot Street, London, E1 8BB**

This course is eligible for 5 CPD hours subject to your peer group approval