**10th National Memory Services Forum 2019**

Friday 18th October 2019

Speaker Booking Form

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| **Registration – speaker 1** |
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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 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** or post to **MSNAP, 21 Prescot Street, London, E1 8BB**

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