

**MSNAP Special Interest Day**

**Young Onset Dementia**

**15th July 2019**

**21 Prescot Street, London, E1 8BB**

Please return this form by email to MSNAP@rcpsych.ac.uk, or post to MSNAP, Royal College of Psychiatrists, 21 Prescot Street, London, E1 8BB

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| --- | --- | --- | --- |
| **Registration** | | | |
| **Title:** | | | |
| **Name:** | | | |
| **Job title/ role:** | | | |
| **Memory Service/Organisation:** | | | |
| **NHS Trust:** | | | |
| **Email address:** | | | |
| **Phone number:** | | | |
| **Access/ dietary requirements:** | | | |
| Your name/ workplace will be published in the conference delegate list. If you do NOT wish this to be published, please tick here: | | |  |
| **Please choose one option below:** | | | |
|  | Staff working in an MSNAP member service (2 free places per service) – FREE | | |
|  | Additional staff from a member service - £40 per person | | |
|  | Staff from non-member service - £80 per person | | |
|  | Service user or carer working with MSNAP – FREE | | |
| **Payment information – please choose one option below:** | | | |
|  | I would like to make a direct payment via credit/debit card (please note we do not take AMEX) | | |
| **Name of cardholder:** | | | |
| **Card number:** | | **Expiry date:** | |
|  | I would like to be invoiced (payment by BACS) | | |
| **Invoice for the attention of:** | | | |
| **Invoice address:** | | | |
| **Purchase order number if applicable:** | | | |

Please note MSNAP is unable to reimburse travel and other expenses, including session fees, for delegates attending this event.

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