

REGISTRATION FORM

Royal College of Psychiatrists Faculty of Child & Adolescent Psychiatry

Annual Residential Meeting

SWALEC stadium, Cardiff

Wednesday 17 – Friday 19 September 2014



PERSONAL INFORMATION

(PLEASE COMPLETE ALL SECTIONS OF THE FORM)

YOUR NAME/WORKPLACE ORGANISATION/WORKPLACE TOWN WILL BE PUBLISHED IN THE CONFERENCE MATERIALS I.E. DELEGATE LISTS/BADGE.

- IF YOU WISH SOME OF THIS INFORMATION TO BE WITHHELD, PLEASE TICK HERE AND SET OUT BELOW WHAT YOU CONSENT TO BE PUBLISHED.

(PLEASE PRINT ALL DETAILS CLEARLY)

RCPSYCH MEMBERSHIP NUMBER OR DATE OF BIRTH _____

TITLE _____ FIRST NAME _____ SURNAME _____

PLACE OF WORK (will show on badge) _____

MAILING ADDRESS _____

TOWN _____ POST CODE _____ COUNTRY _____

EMAIL (used for correspondence) _____

TEL (DAYTIME) _____

VEGETARIAN YES/NO SPECIAL DIETS _____ SPECIAL REQUIREMENTS (e.g. mobility needs etc) _____

INDICATE APPROPRIATE CATEGORY (tick **one** box only)

PMPT CT/ST1-CT/ST3 ST4-ST6 SpR SHO ASSOCIATE SPECIALIST/STAFF GRADE

CONSULTANT RETIRED MEMBER OTHER (please specify) _____

REGISTRATION FEES

(Please note that these fees include catering during scheduled programme breaks but not accommodation)

	Standard*	Higher Trainees SpR, SAS, ST4-6 PMPT, SHO, CT/ST1-3, Retired & Subsidised **	Medical Student †	Invited Speaker††
Whole Conference	£375 <input type="checkbox"/>	£230 <input type="checkbox"/>	£60 <input type="checkbox"/>	N/A
Wednesday	£150 <input type="checkbox"/>	£90 <input type="checkbox"/>		£0 <input type="checkbox"/>
Thursday	£150 <input type="checkbox"/>	£90 <input type="checkbox"/>		£0 <input type="checkbox"/>
Friday	£150 <input type="checkbox"/>	£90 <input type="checkbox"/>		£0 <input type="checkbox"/>

OPTIONAL SOCIAL EVENTS

Wednesday 17:45 - Welcome Reception (N.B. only available if registering on Wednesday)	£0 <input type="checkbox"/>
Thursday 19:15 - Conference Dinner	£55 <input type="checkbox"/>
Wednesday 11:45 - Guided Tour - Cricket Stadium & Museum	£3 <input type="checkbox"/>
Thursday 17:45 - Guided Tour - Cricket Stadium & Museum	£3 <input type="checkbox"/>

TOTAL:

£

* Standard rate applies to RCPsych members/associates at the following grades Consultants/Locum Consultants, and **Non RCPsych members of any grade.**

** Higher Trainees rate applies to RCPsych members/associates at the following grades; Associate Specialists, Staff Grades, Specialty Doctors, SAS, Advanced Trainee ST4-6 & Higher Specialist Trainee (SpR) & **Subsidised** rate applies to the following grades; trainees registered as Pre-Membership Psychiatric Trainees/Trainee Registration with the College and are on a CT1-3, ST1-3, LAT or FTSTA Psychiatry rotation, Foundation Years or Student Associates & **RCPsych members** registered with membership on the **Retired** or **Reduced subscription** rate of 50% or less. (**RCPsych members/associate only**).

† A limited number of places are available for Medical Students. **PLEASE CHECK AVAILABILITY BEFORE BOOKING**

†† Presenters/Facilitators are entitled to free registration on the day they speak only. This applies to participants invited by the programme organiser only. Unfortunately this does not include Call for papers/submissions accepted poster presenters. (**The registration fee will be at the normal delegate rate which is applicable to you**).

PARALLEL SYMPOSIA/PRESENTATIONS/WORKSHOPS ATTENDANCE

*** PLEASE INDICATE WHICH PARALLEL ITEMS YOU WISH TO ATTEND, BY ADDING YOUR NAME WHERE AVAILABLE (NOT FULLY BOOKED) TO THE SESSION/WORKSHOP LISTS DISPLAYED ON THE NOTICE BOARD***

spaces are limited and will be allocated on a first come first served basis.

PLEASE CONTINUE & COMPLETE WITH PAYMENT DETAILS BEFORE RETURNING

PAYMENT METHODS

Places can only be reserved when payment is received with this form.
If an authority/trust is to pay, the delegate should either pay, then claim reimbursement from the authority/trust where a receipt will be issued/ or please enclose payment from authority/trust.

THE COLLEGE IS UNABLE TO RAISE INVOICES FOR REGISTRATION FEES.

Please tick box:

I UNDERSTAND THAT MY PLACE AT THE EVENT CANNOT BE GUARANTEED UNTIL FULL PAYMENT HAS BEEN RECEIVED.

I ENCLOSE A CHEQUE/POSTAL ORDER FOR £ _____

(Made payable to 'The Royal College of Psychiatrists' quoting reference 'J2B0017300' on reverse and name of delegate if sent by Trust)

PLEASE DEBIT MY Visa / Delta / MasterCard / Visa Electron / Switch / Maestro £ _____

(Please note we do not accept American Express or Laser Cards)

***PLEASE NOTE IF PAYING BY CARD WE HAVE A CHIP AND PIN MACHINE WHERE WE CAN PROCESS YOUR PAYMENT INSTANTLY**

ONLY IF THEY ARE ISSUES WE WILL ASK TO LIST YOUR DETAILS HERE*

Card Number:

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Cardholder's Name (as appears on card):

Expiry Date:

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Start Date:

(if applicable)

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CCV Code:

(last 3 digits/on reverse of card)

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Signature:

These details will be destroyed once payment has been successfully processed



DATA PROTECTION STATEMENT

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

CANCELLATION POLICY

(Notice must be given in writing by post or e-mail csimms@rcpsych.ac.uk)

80% refund if written cancellation is received by 20 August 2014

50% refund if written cancellation is received by 3 September 2014

No refund will be given to cancellations received after 3 September 2014

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

**Please complete and return your registration form with your payment to:
Royal College of Psychiatrists, CALC, Registration Desk, SWALEC, CF11 9XR**