

## CMHP Conference 2015 Delegate Registration Form

**(Please complete all sections electronically or clearly in black ink)**

Please complete this form and send it with your cheque or bank draft (made payable to CMHP) to:

Carolyn Molyneux, Conference Organiser – CMHP Conference 2015  
 Delegate House, 30 Hart Street, Henley on Thames, Oxon RG9 2AL Tel: 01491 635340  
**Forms can also be accepted via scanning and emailing to: [cmhpconference@delegate.uk.com](mailto:cmhpconference@delegate.uk.com)**

Information supplied on this form will be used by CMHP solely and under no circumstances will it be disseminated to third parties without prior consent.

1. Delegate Details	
Family Name:	First Name:
Job Title:	Title: Prof/Dr/Mr/Ms/Mrs/Miss/Other (please state)
Employer:	<b>CMHP Membership No (last 4 digits):</b> NB This is essential to register at member rate. UKCPA/BAP (please delete as applicable) membership number for reciprocal discount rate:
Mailing Address:	Email Address:  <i>Please tick box if you do not have access to email &amp; would like communication via the post</i> <input type="checkbox"/>
Post Code:	Daytime telephone:
Are you a: Pharmacist <input type="checkbox"/> Technician <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> (please state)	
Special Requirements and Accessibility	
Please tick if you require a specific diet: e.g. Halal <input type="checkbox"/> , Kosher <input type="checkbox"/> , Vegetarian <input type="checkbox"/> , Vegan <input type="checkbox"/> , Gluten-free <input type="checkbox"/> , Other <input type="checkbox"/> (please give details below):	
The hotel is fully accessible to the disabled. If you require special assistance at the conference, please submit a description of your requirements below, or on a separate letter e.g. wheelchair access, vibrate fire alarm, hearing loop.	
While CMHP will make every effort to meet the needs of people with special needs or disabilities, accommodations cannot be guaranteed without prior notification.	

2. Registration Details		MEMBER	NON-MEMBER
You must be a paid-up member at time of booking AND attendance for the member rate to apply. The CMHP would encourage all delegates to attend as full weekend delegates to benefit from all aspects of the conference and networking opportunities that take place.			
<b>WEEKEND DELEGATE</b>		£475	£575
Includes meals and accommodation Friday lunch – Sunday breakfast		<input type="checkbox"/>	<input type="checkbox"/>
<b>Early bird rate</b>		£450	£550
For applications received before 1 May 2015		<input type="checkbox"/>	<input type="checkbox"/>
<b>Day Delegate</b> Includes conference attendance & lunch on Friday or Saturday only. Cost is per day.	Friday	£150 <input type="checkbox"/>	£175 <input type="checkbox"/>
	Saturday	£150 <input type="checkbox"/>	£175 <input type="checkbox"/>
	Conference awards dinner only (if not attending as a fully accommodated weekend delegate)	£35 <input type="checkbox"/>	£35 <input type="checkbox"/>
	Sunday	£75 <input type="checkbox"/>	£95 <input type="checkbox"/>

Late Payment (after 15 September 2015) will incur an administrative charge of an additional £25.

# 6th International Conference of the College of Mental Health Pharmacy

## 9<sup>th</sup> – 11<sup>th</sup> October 2015

Bristol Marriott Royal Hotel  
 College Green  
 Bristol. BS1 5TA  
 Tel: 0117 9255 100  
<http://www.marriott.com/hotels/travel/brsry-bristol-marriott-royal-hotel/>  
[BristolMarriotRoyal.co.uk](http://BristolMarriotRoyal.co.uk)

*To advance education in the practice of mental health pharmacy and to promote and disseminate research for the public benefit, in all aspects of that subject*

**Financial hardship**  
 CMHP as a charitable organisation can provide a limited number of membership subscriptions or reduced conference attendance fees for applicants with extreme financial hardship.

To request a waiver of the application fee, email [cmhpconference@delegate.uk.com](mailto:cmhpconference@delegate.uk.com) stating details of the financial hardship. Your request will be reviewed and a determination will be made regarding payment of fees.

### 3. PAYMENT INFORMATION

- Please note: we will accept registration prior to payment so long as details are provided. However, without this information your booking will not be processed.
- **Early bird: payment must be received BEFORE 1<sup>st</sup> May 2015 to qualify.**

**A. Payment by cheque or bankers draft:**  Payable in **Sterling** (GB£) to: **CMHP**

**B. Payment by BACS:**  **CMHP:** Sort Code: 40-35-34  
Account No: 92722348

**C. Payment by Credit/Debit Card:**

**Mastercard/Visa Card No:**

**Expiry Date:** ..... **Security No:** ..... **House No:** ..... **Postcode:** .....

**D. I require an invoice for payment:**  **Please supply following details for invoice.**

**Purchase Order Number/Reference:**

Payroll number (if applicable):

Name:

Address:

Post Code:

Telephone Number:

Finance Department Contact Name & Email Address:

**Payment using this method cannot be accepted without a purchase order number and should be made upon immediate receipt of invoice.**

**Should any of your contact details change, please notify us as soon as possible.**

#### Cancellation Policy

We regret that we have to make a charge for cancelled registrations. If you notify us of the cancellation of your reserved place giving six weeks or more prior notice to the event, 25% of the fee will be retained. From six to three weeks prior to the event, 50% will be retained. If between three and one week's notice is given of the cancellation for your reserved place for a CMHP event, 75% will be retained.

There is no refund for non-attendance or cancellations made less than one week (7 days) prior to the event, whereupon the full fee will remain payable. The CMHP reserves the right to cancel meetings and to return the registration fee. The CMHP cannot be responsible for any losses resulting from such cancellation, however caused.

Every effort is made to ensure the final conference contents match the advertised draft as far as possible. However changes can be out of our control. No recompense will be made based on changes to the programme.

**I confirm that I have read and understood the above policy, and wish to reserve a place at the conference as detailed.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please email** (not credit card details) **or post this form to:** [cmhpconference@delegate.uk.com](mailto:cmhpconference@delegate.uk.com)

Carolyn Molyneux, Conference Organiser – CMHP Conference 2015  
Delegate House, 30 Hart Street, Henley on Thames, Oxon RG9 2AL Tel: 01491 635 340

Registration No:	
Date acknowledged:	
Invoice No: Date sent:	
Payment received:	
Special requirements:	

The CMHP secures non-promotional, unrestricted educational grants from our corporate partners in order to support our educational activities. For more information on our Corporate Partnership Scheme please visit our website [www.cmhp.org.uk](http://www.cmhp.org.uk). The CMHP endeavours to work with the pharmaceutical industry to meet the ABPI's Code of Practice.

**How did you hear about this event?** (please circle):

CMHP website/CMHP mailing/CMHP discussion group/event advertising flyer/email/CMHP Facebook/Twitter feed/Journal (please state)/Other (please state):

**Or Recommended by** (please circle): a colleague/friend/manager. Was the recommendation made by a current CMHP member? If so, please tick:

**Office use only**