REGISTRATION FORM



National Performance Advisory Group

Telecoms Best Value Group 2016-17

Organisation		
Address		
Type of Organisation: NHS Social Enterprise Other		
	Member 1 for a £500 Fee (4 meetings)	Member 2 for a £200 Fee (4 meetings)
Name		
Job Title		
Email		
Special		
Requirements		
(Dietary / Access)		
Phone No.		
PA Details		
National Performance 87 Coval Lane Chelmsford Essex, CM1 1TQ Tel: 01245 544600 Fax: 01245 544610	epleted registration form to: e Advisory Group es@npag.eastamb.nhs.uk	Invoicing If the invoice address is different from that above please enter below:

REGISTRATION CONDITIONS:

A VAT invoice will be issued. VAT Registration No. 654 9195 01. VAT applies to any NHS organisation outside England and to any non-NHS organisation.

Payment is due on receipt of invoice. DO NOT send payment in advance of receipt of invoice. When invoice is received, payment should be made to 'East of England Ambulance Service NHS Trust.'

ALL cancellations must be in writing. Cancellations received within 14 working days of receipt of the registration form will receive a full refund. After this date refunds cannot be made. A substitute is acceptable. NPAG cannot be held responsible for any travel expenses or accommodation costs in the event of a cancellation or postponement of a meeting, workshop or an event. A 20% discount will be applied when an existing NPAG member joins an additional Group. This does not apply to the £200 second member rate.

I confirm that I have read and accept the above REGISTRATION CONDITIONS and would like to register as a member of the **'TELECOMS BEST VALUE GROUP 2016-17'**. Please invoice me for payment.

'TELECOMS BEST VALUE GROUP 2016-17' . Please invoice	me for payment.	CPD
Authorisation Signature	Purchase Order Number	