

Registration Form

Section of Perinatal Psychiatry Annual Scientific Meeting: *Together we stand: supporting and enhancing mother-infant relationships for women with mental illness*



Friday, 28th November 2008
International Coffee Organization Conference Centre, London

(PLEASE PRINT ALL DETAILS CLEARLY)

MEMBERSHIP NUMBER OR DATE OF BIRTH _____

TITLE _____ FIRST NAME _____ SURNAME _____

PLACE OF WORK _____

MAILING ADDRESS _____

TOWN _____ POST CODE _____ COUNTRY _____

EMAIL _____

TEL (DAYTIME) _____

VEGETARIAN YES/NO SPECIAL DIETS (PLEASE LIST) _____

SPECIAL NEEDS _____

INDICATE APPROPRIATE CATEGORY (tick one box only)

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

CONSULTANT RETIRED MEMBER OTHER _____

REGISTRATION FEES

(Please note that these fees do not include accommodation)

	Standard*	Subsidised **	Invited Speaker/Chair***
Friday – Conference Fee	£135 <input type="checkbox"/>	£100 <input type="checkbox"/>	Fee waived <input type="checkbox"/>

Total: £

* Standard rate applies to RCPsych members/Affiliates at the following grades Consultants/Locum Consultants Associate Specialist, Staff Grade, SpR, ST/CT1-3, ST4-6 & SHO and Non RCPsych members.

** Subsidised rate only applies to Pre-membership Psychiatric Trainees and is also available to RCPsych members registered with membership on the Retired or Reduced subscription rate of 50% or less.

*** This only applies to participants invited by the programme organiser and unfortunately not submissions accepted via the Call for papers process.

PAYMENT METHODS

- I ENCLOSE A CHEQUE FOR £_____ (Cheques payable to 'The Royal College of Psychiatrists quoting reference '80-20-78-660' 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)

Card number _____

Cardholder's name
(as it appears on card) _____

Expiry date _____ Start date or Issue number _____

Signature _____



DATA PROTECTION STATEMENT

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

Places can only be reserved when payment is received with this form.
If an authority is to pay, the delegate should either pay and then claim reimbursement from the authority or enclose payment from their authority.
THE COLLEGE IS UNABLE TO INVOICE FOR REGISTRATION FEES.

CANCELLATION CHARGES

(Notice must be given in writing)

100% refund if written cancellation is received by 29th September 2008

80% refund if written cancellation is received by 31st October 2008

50% refund if written cancellation is received by 14th November 2008

No refund for cancellations received after 14th November 2008

Please complete and return your registration form with your remittance to:

The Conference Office, Royal College of Psychiatrists, 17 Belgrave Square, London, SW1X 8PG

☎: 020 7235 2351 Ext. 145, 📠 020 7259 6507