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| C:\Users\macfahle\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\7W9Q8YP5\CMHP-Logo-Horizontal.jpg |  | **Psych 1**An Introduction to Mental Illness and Psychiatric TherapeuticsVenue:The Abbey Abbey Road Great Malvern Worcestershire WR14 3ET |
| Please complete this form and send it to: **info@cmhp.org.uk**or: Wendy Gundry, 23 Southway, Burgess Hill, West Sussex, RH15 9SY Information supplied on this form will be used by CMHP solely and under no circumstances will it be disseminated to third parties without prior consentPlease print or type the information into this form so that it is legible. Where possible please supply a second personal email address as email is the primary mode of contact prior to the course. |  |
| 1. **Delegate details**
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| Family Name: | First Name |  |
| Job Title: | Title: Prof / Dr / Mr / Ms / Mrs / Miss / Other: |  |
| Employer: |  |
| **15th – 16th March 2019** |
| Mailing address: | Email addresses (work and personal if possible):*Please tick box if you do not have access to email & would like communication via the post [ ]*  |  |
| Post Code | Daytime telephone |  |
| Are you a:Pharmacist *[ ]*  Pharmacy Technician *[ ]*  Nurse *[ ]*  Student *[ ]* Other*[ ]*  (please specify): |  |
| **Special requirements and Accessibility** |  |
| Please tick if you require a specific diet: e.g. Halal [ ] , Kosher [ ] , Vegetarian [ ] Vegan [ ] , Gluten free [ ]  Other [ ] : please give details: |
| Please submit a description of any 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 the people with special needs or disabilities, accommodations cannot be guaranteed without prior notification. | **The College of Mental Health Pharmacy (CMHP) is a charity which aims to benefit individual care through advancing education and research in the practice of mental health pharmacy** |
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| 1. **Registration details**

You must be a paid-up member at time of booking AND attendance for member rate to applyThe CMHP would encourage all delegates to attend as full two-day delegates to benefit from all aspects of the conference and networking opportunities that take place.  | **MEMBER** | **NON-****MEMBER** |  |
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| **Two-day delegate fee**Includes light refreshments and all meals on Friday and Saturday | **£370 *[ ]***  | **£470 *[ ]***  |  |
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|  | 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, contact info@cmhp.org.uk stating details of the financial hardship. Your request will be reviewed and a determination will be made regarding payment of fees. |
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| **Day delegate**Includes attendance, lunch and light refreshments throughout the day. Cost is per day. | Friday  | **£150 *[ ]***  | **£175 *[ ]***  |  |
| Saturday | **£150 *[ ]***  | **£175 *[ ]***  |
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| **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.
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| 1. **Payment by cheque** [ ]

**Cheques to be made payable to CMHP and must be in GBP (£) and should be sent on receipt of invoice** |
| 1. **Payment by BACS: [ ]  CMHP:** Sort Code: 40-35-34

Account No: 9272 2348 |
| 1. **THIS SECTION IS SUBJECT TO MANDATORY COMPLETION**

**I require an invoice for payment: [ ]  Please supply following details for invoice**Purchase order number / reference (liaise with your finance or procurement department if necessary): Please note we cannot proceed with your application without a **purchase order number.**NameAddress Post Code Telephone numberName of Finance Dept contact:Email address for the contact in Finance Dept: **Payment should be made upon immediate receipt of invoice** |
| **It is your responsibility to ensure we have your correct contact details**  |
| **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 four weeks or more prior notice to the event, 25% of the fee will be retained. From four to two weeks prior to the event, 50% will be retained. If between two 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 with 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) **this form to:** info@cmhp.org.uk |

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| Registration No: |  |  | The CMHP, secure 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 endeavour 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 / CMHP Bulletin / 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: **[ ]**  |
| Date acknowledged: |  |
| Invoice No:Date sent: |  |
| Payment received: |  |
| Special requirements: |  |
| **Office use only:** |