**Psych 1**

**Venue: The Abbey, Abbey Road, Great Malvern, Worcestershire, WR14 3ET**

**Dates: Friday 6th to Saturday 7th March 2020**

 Please print or type the information into this form so that it is legible.

**Once completed please send it to:**

**info@cmhp.org.uk** **or Wendy Gundry, 23 Southway, Burgess Hill, West Sussex, RH15 9SY**

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| **Delegate details** - 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. |  |
| Family Name:  | First Name:  |  |
| Job Title: | Title: Prof / Dr / Mr / Ms / Mrs / Miss / Other |  |
| Employer: |  |
| Mailing address: | Email address: *Where possible please supply a second email address as email is the primary mode of contact prior to the course.* *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 Dietary requirements and Accessibility** |  |
| Please tick: None [ ] Halal [ ]  Kosher [ ]  Vegetarian [ ]  Vegan [ ]  Gluten free [ ]  Other [ ]  (please specify) |
| Please submit a description of any accessibility requirements below or on a separate letter ifmore space is required 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. |
| **Registration details**You must be a paid-up member at time of booking **AND** attendance for member rate to apply. The 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:**Friday** – light refreshments, lunch and dinner + overnight accommodation**Saturday** - light refreshments, breakfast and lunch | **£370 *[ ]***  | **£470 *[ ]***  |  |
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| **Day delegate –** Includes: Attendance, lunch and light refreshments. Cost is per day. | Friday | **£150 *[ ]***  | **£175 *[ ]***  |  |
| Saturday | **£150 *[ ]***  | **£175 *[ ]***  |  |

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| **PAYMENT INFORMATION -** Please note; we will reserve a space, prior to payment, on receipt of a completed booking form. However, without a purchase order or invoicing details your booking cannot be completed and confirmed.  |
| 1. **Payment by cheque** [ ]  **Cheques to be made payable to CMHP and must be in GBP (£) and should be sent on receipt of invoice.**
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| 1. **Payment by BACS [ ]  CMHP:** Sort Code: 40-35-34 Account No: 9272 2348
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| 1. **I require an invoice for payment [ ]**

**THIS SECTION IS SUBJECT TO MANDATORY COMPLETION****Purchase order number/reference** (*liaise with your finance or procurement department if necessary):*Please ensure you provide the correct name and address of your organisation’s finance department.Name:Address:Post Code: Telephone number:Name of Finance Dept contact:Email address for the contact in Finance Dept:  |
| **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 events 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 event 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 event as detailed.** Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please email this form to:** info@cmhp.org.uk or post as per details on front page |
| **How did you hear about this event?** [please circle]:CMHP website / CMHP mailing / CMHP discussion group / event advertising flyer / email / CMHP Facebook / Twitter feed / Psych Bites / 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: [ ]  |

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| **Office use only** |
| Registration No: |  |
| Date acknowledged: |  |
| Invoice No:Date sent: |  |
| Payment received: |  |
| Special requirements: |  |

 | **Financial hardship** CMHP as a charitable organisation can provide a limited number of membership subscriptions or reduced event 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. 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 endeavours to work with the pharmaceutical industry to meet the ABPI's Code of Practice. |